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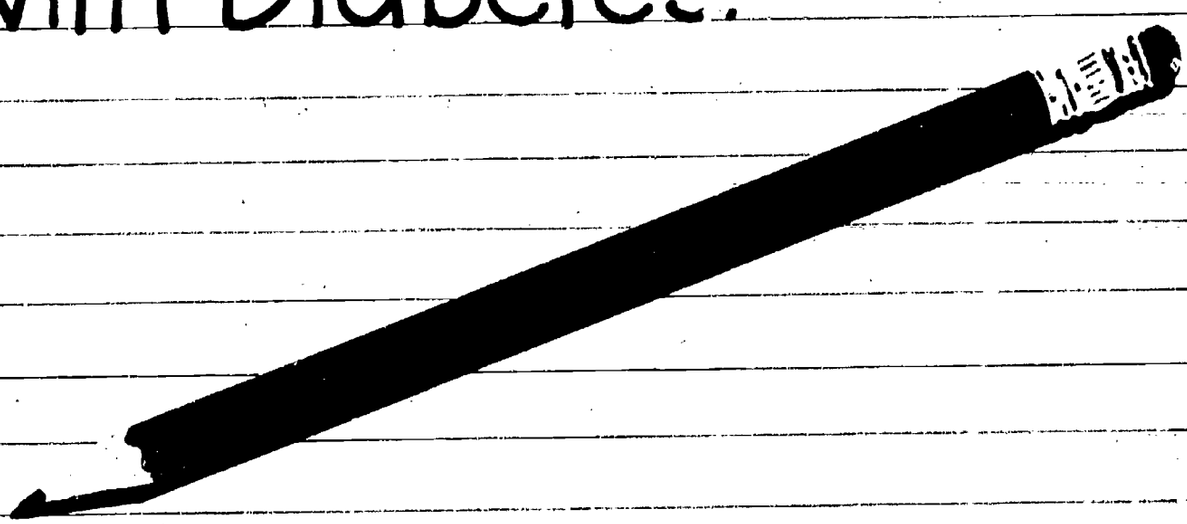
ABSTRACT

The annotated bibliography lists 205 materials for and about young people with diabetes, published from 1976 to 1983. Citations are organized alphabetically by title within two major sections: (1) resources for use by and with patients, their families, and the public; (2) resources for use by health care providers. Within each section, entries are further divided into print and nonprint materials. Citations include title, author, source, date, paging, a brief annotation, and price, as appropriate. Evaluation ratings offered by organizations are included as a service to readers when available. Readability ratings are supplied for public and patient resources. Non-print entries include format description and length and when available, leasing information. Print materials for the public include many inexpensive or free pamphlets; professional print materials feature abstracts of journal articles. Title, author, and subject indexes are appended. (JW)

Educational Materials for and about Young People with Diabetes.



Selected Annotations

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health

Prepared by the

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Bethesda, MD 20205

EDUCATIONAL MATERIALS

FOR AND ABOUT

YOUNG PEOPLE

WITH DIABETES

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health

National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases

NIH Publication No. 83-1871
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PREFACE

Organization

The National Diabetes Information Clearinghouse (NDIC) has prepared this bibliography of materials for and about infants, children, and adolescents. The bibliography is divided into two sections: one contains resources for use by and with patients, their families, and the public; the second contains resources for use by health care providers.

Each section contains both print and nonprint materials. The materials are limited to those from 1976 to the present.

Location of Materials

The NDIC does not distribute the materials listed in the bibliography. To obtain additional information or to order a material, contact the source directly. Information about price and availability was verified during the months preceding publication, but the prices are subject to change. To locate copies of the journal articles, please consult a local public library, a regional medical library, or a library affiliated with a university or medical center.

Evaluations

Although the NDIC does not evaluate materials, some of the materials have been evaluated by other organizations. These ratings are included as a service to readers. However, inclusion of a citation in this bibliography does not imply an endorsement of any kind, regardless of the evaluative information provided.

Readability Ratings

Readability ratings have been assessed for public and patient educational materials using the SMOG grading formula. This procedure is a simple technique for predicting the reading grade level required of the average reader in order to understand written materials. Although only one grade level is assigned to the material, the actual range of understanding can be from 1.5 grades below the assigned level to 1.5 grades above it. A readability test is used only to indicate if a printed piece is written at a level which can be understood by most people in a specific audience. For more information about the SMOG formula, write the NDIC for "Pretesting in Health Communications."

To submit suggestions, comments, or inquiries about this bibliography or other NDIC services, write:

National Diabetes Information Clearinghouse
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Bethesda, MD 20205

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EXPLANATORY NOTES

The format for the bibliographic citations generally follows National Library of Medicine bibliographic practices or those of American National Standard for Bibliographic References.

Uncredited abstracts were prepared by the NDIC staff. Sources of other abstracts are indicated by the following abbreviations:

AA	Author abstract
DA	Distributor abstract
UM	University of Michigan, Learning Resource Center and Michigan Diabetes Research and Training Center, Audiovisual Resources for Diabetes Education, 4th ed. Ann Arbor, MI. 1982.
-M	Abstract modified by NDIC staff

Other abbreviations used in this bibliography:

[anon.]	Author unknown
[n.d.]	Publication date unknown
rev. ed.	Revised edition
sd.	Sound

PUBLIC AND PATIENT RESOURCES

Print Materials

1. The ABC's About Diabetes and the School Child. [anon.]. Trenton: New Jersey State Department of Health; [n.d.]. 7 p.

   General information is provided about diabetes and its effects on children, including a discussion of treatment through diet, exercise, and medication; hypoglycemic or insulin reaction; hygienic measures; and urine testing. Parents' clubs and summer camps for children with diabetes in New Jersey, sources of additional information, and suggested reading material are also included.

   Readability Rating: Grade 13.

   Price: Free to NJ state residents; Out-of-State: $0.15.

   Source: NJ State Department of Health; Chronic Disease Service; CN364; Trenton, NJ 08625. (609) 984-1329.

2. The Adolescent Diabetic. F. M. Hulse. Hackensack: ADA, New Jersey Affiliate; 1978. 6 p.

   The problems of the adolescent with diabetes are described, and ways in which family and friends can provide positive support are detailed.

   Readability Rating: Grade 13.

   Price: Single copy free.

   Source: American Diabetes Association; New Jersey Affiliate, Incorporated; 345 Union Street; Hackensack, NJ 07601. (201) 487-7228.

3. Association of Insulin-Dependent Diabetics. [anon.]. New York, NY: Juvenile Diabetes Foundation; 1982. 6 p.

   This tri-fold brochure describes the activities of the Association of Insulin-Dependent Diabetics, a self-help, peer support group for persons with diabetes. A reply card is provided for requesting additional information.

   Readability Rating: 12th Grade.

   Price: Free.

   Source: The Juvenile Diabetes Foundation International; 23 East 26th Street; New York, NY 10010. (212) 889-7575.

4. Back to School: A Parent's Guide. N. Richter. Diabetes Forecast. 30(5):18-21; September-October 1977.

Suggestions are offered to help parents send a child with diabetes to school. A letter for the teacher explaining diabetes and outlining emergency procedures is provided. A parents' checklist is also given.

Readability Rating 10th Grade.

5. A Book on Diabetes for Brothers and Sisters. L. M. Siminerio. Pittsburgh, PA: Children's Hospital of Pittsburgh; 1981. 12 p.

The narrator of this book, a child who is in the hospital with newly diagnosed diabetes, writes about the disease in a letter to his/her brothers and sisters at home. The book-long letter explains diabetes, insulin injections, urine testing, the need for a special diet, insulin reactions, and what to do in the event of a reaction. A short quiz at the end of the booklet tests the reader's knowledge about diabetes.

Readability Rating: 8th Grade.

Price: $1.25.

Source: Children's Hospital of Pittsburgh; 125 De Soto Street Pittsburgh, PA 15213. (412) 647-2345.

6. Borrowing Time: Growing Up With Juvenile Diabetes. P. Covelli. New York: Harper and Row; 1979. 160 p.

A young man in his mid-twenties who has had diabetes since the age of 10 describes his experiences. He tells about the early stages of dealing with his disease--rebellion, rage, and frustration--and his subsequent adjustment to living with diabetes through the gradual assumption of responsibility for his own well-being.

Readability Rating: 10th Grade.

Price: $11.49.

Source: Harper and Row Publishers; Keystone Industrial Park; Scranton, PA 18512. (800) 233-4175.

7. The Camper with Diabetes: Guidelines for Counselors. [anon.]. New York: American Diabetes Association; 1979. 8 p.

Information is provided about diabetes for the camp counselor. Suggestions about how to handle insulin reactions, and what the campers

should and should not eat, and information about urine testing are included.

Readability Rating: 11th Grade.

Price: $0.15.

Source: American Diabetes Association, Incorporated; 2 Park Avenue; New York, NY 10016. (212) 683-7444.

8. Care and Control of Your Diabetes. R. L. Jackson; R. A. Guthrie; [et al.]. Wichita: University of Kansas; School of Medicine; 1981. 111 p.

Written in nontechnical language, this patient education book is designed to assist newly diagnosed, insulin-dependent patients and their families learn the facts about diabetes, the principles of good control, and self-management. It focuses on nutrition and diet, medication, urine testing and record keeping, exercise, coping with stress, and foot care. Sample charts and records and a dictionary of diabetes-related terms are included.

Readability Rating: 10th Grade.

Price: $15.00, plus postage.

Source: University of Kansas; School of Medicine-Wichita; 1122 North Topeka; Wichita, KS 67214. (316) 264-6310.

9. Dandy Dazzlers: A Workbook for Diabetics. P. Stenger. Bangor, ME: Eastern Maine Medical Center; 1982. 23 p.

A collection of puzzles and games highlighting aspects of diabetes care, this workbook emphasizes the advantages of adhering to daily routines. It is designed to enhance teaching and to reinforce learning in a relaxed, nonthreatening manner.

Price: $2.75 each/1-10; $2.50 each/11-50; $2.25 each/50 or more.

Source: Eastern Maine Medical Center; 489 State Street; Bangor, ME 04401. (207) 947-3711.

10. Danny Diabetes Learns About Hyperglycemia and Hypoglycemia. G. Auten; J. Carawan; [et al.]. Chapel Hill: Patient Education Center; 1976. 6 p.

With professional assistance, young children can use this booklet to learn about hypoglycemia and hyperglycemia. Symptoms and actions to take in an emergency are discussed. A word puzzle reinforces key terms.

Readability Rating: 5th Grade.

Evaluation: Recommended. Nebraska Diabetes Study Project. April 1981.

Price: $2.00.

Source: Patient Education Center; North Carolina Memorial Hospital; Manning Drive; Chapel Hill, NC 27514. (919) 966-1091.

11. Danny Diabetes Learns to Test His Urine! G. Auten; J. Carawan; [et al.]. Chapel Hill: Patient Education Center; 1976. 8 p.

Step-by-step procedures for testing urine with Clinitest tablets are explained in this booklet for young children. It also emphasizes the importance of testing the level of ketones in the urine with Acetest tablets. A connect-a-dot picture helps readers identify the basic parts of the kit.

Readability Rating: 4th Grade.

Price: $2.00.

Source: Patient Education Center; North Carolina Memorial Hospital; Manning Drive; Chapel Hill, NC 27514. (919) 966-1091.

12. Diabetes. J. W. Mace; W. R. Centerwall. Loma Linda, CA: Department of Pediatrics, Loma Linda University; 1977. 13 p.

Written for parents of newly diagnosed children, the booklet provides a brief general introduction to insulin-dependent diabetes to supplement a physician's more detailed discussion. It includes a definition of diabetes mellitus, explanations of signs and symptoms, a discussion of possible causes, and broad guidelines about treatment and control.

Readability Rating: Grade 13.

Price: $0.50 each/1-10; $0.40 each/11-99; $0.30 each/100 or more.

Source: Department 3813, School of Health; Loma Linda University; Loma Linda, CA 92350. (714) 796-7311, ext. 3736. Attn: Denise Olson.

13. Diabetes: A Book for Children. L. R. Parker. (Life With Diabetes Series). Ann Arbor, MI: University of Michigan; 1981. 44 p.

Animated line drawings of a cheerful elephant accompany the text's explanation of diabetes. The explanations are designed to reassure

the child with diabetes about work, play, and plans for the future. The book includes information about the body's need for insulin, proper diet, and exercise; symptoms of hypoglycemia and hyperglycemia; and urine and blood glucose testing. It provides space for the child's name and the names and telephone numbers of the child's health care team.

Readability Rating: 6th Grade.

Price: Available in multiples of 10 copies only; $15.00/set of 10; contact directly for information about bulk orders.

Source: The University of Michigan Publications Distribution Service; 839 Greene St.; P.O. Box 1104; Ann Arbor, MI 48109. (313) 764-4394.

14. Diabetes: A Book for Parents. L. R. Parker. (Life With Diabetes Series). Ann Arbor, MI: University of Michigan; 1982. 43 p.

This booklet introduces the parent to diabetes and to the care and treatment of a child with diabetes. Diabetes is defined and the management of insulin, diet, and exercise is explained. Symptoms of and actions to take for diabetic emergencies and how to care for the child during illness are discussed. The booklet includes a listing of resources, a glossary, and blank pages for writing insulin dosages, diet plans, self-testing procedures, and sick day care.

Readability Rating: 11th Grade.

Price: Available in multiples of 10 copies only; $15.00/set of 10; contact directly for information about bulk orders.

Source: The University of Michigan Publications Distribution Service; 839 Greene St.; P.O. Box 1104; Ann Arbor, MI 48109. (313) 764-4394.

15. Diabetes Guide Toward Getting Started. M. A. Keller. Cleveland: Diabetes Association of Greater Cleveland; [n.d.]. 29 p.

This large-print illustrated brochure contains general information about diabetes. It describes the role of the pancreas in producing insulin and why the body needs this hormone. Several aspects of diabetes self-care are also discussed, including the avoidance of hypoglycemia and hyperglycemia, the importance of regular urine testing, and the procedures involved in skin and foot care.

Readability Rating: 8th Grade.

Price: $1.00 each; $0.90 each/100 or more.

Source: Diabetes Association of Greater Cleveland; 2022 Lee Road; Cleveland, OH 44118. (216) 371-3301.

16. Diabetes Manual: Juvenile-Insulin Dependent. I. L. Spratt; D. S. Novak; [et al.]. San Bernardino, CA: Diabetes Medical Center; 1979. 52 p.

Written for children and adolescents with insulin-dependent diabetes, this looseleaf manual contains information aimed at attaining and maintaining optimal good health. Proper diet, urine testing, smoking, exercise, sick day rules, travel tips, and emergency diets are among the subjects covered. Quiz questions are included. Urine test forms, exchange lists, a brochure about insulin administration, and an ID card indicating that the person has diabetes complete the packet.

Readability Rating: 9th Grade.

Price: Contact directly for details.

Source: Diabetes Medical Center, Inc.; 399 E. Highland Avenue; Suite 110; San Bernardino, CA 92404. (714) 886-6984.

17. Diabetes Mellitus: A Guide for Teachers. J. Stokes; M. Laird; R. A. Dodson. Portland, OR: American Diabetes Association, Oregon Affiliate; 1982. 4 p.

Prepared for school teachers, this four-pa[illegible]defines diabetes; identifies the early, late, and severe sympt[illegible]nsulin reaction; and describes what to do in the event of a [illegible]e child's daily routine and its importance to good contro[illegible]s are reviewed. Guidance is provided to help teachers faci[illegible]ld's adjustment to diabetes. A sample form shows the type [illegible]rmation that is needed from parents.

Readability Rating: 11th Grade.

Price: Free.

Source: American Diabetes Association; Oregon Affiliate, Incorporated; 3607 S.W. Corbett; Portland, OR 97201. (503) 228-0849.

18. Diabetes: Stuff and More Stuff. [anon.]. Lincoln, NE: Lincoln Medical Education Foundation; 1980. 48 p.

Children with diabetes can use this book to learn about diet, insulin, and exercise requirements. Simple drawings and cartoons illustrate the main teaching points. A short glossary ("Words to Learn") and a resource list ("More Stuff") are included. Personal anecdotes by a

12-year-old girl and a 13-year-old boy help place the material in context. A pocket in the back cover contains supplementary material for parents.

Readability Rating: 8th Grade.

Price: $5.50 plus postage.

Source: Hospital Educators Resource Catalog, Inc. (HERC); P.O. Box 30090; Lincoln, NE 68503. (402) 483-2646.

19. Diabetic Dips. [anon.]. Omaha: Centering; 1978. 6 p.

Shotz bear, a cartoon character, provides the newly diagnosed child with basic information about diabetes and encourages self-care.

Readability Rating: 5th Grade.

Price: $0.65.

Source: Centering Corporation; Box 3367; Omaha, NE 68103. (402) 553-1200.

20. Diet Delight Cookbook for Diabetic Children and Their Parents Too! J. Jones. San Francisco: California Canners and Growers; 1976. 35 p.

In addition to providing a collection of recipes for breakfast, lunch, dinner, snacks, and parties, this illustrated cookbook lists the different exchange groups and gives approximate carbohydrate, protein, and calorie content of each group.

Price: $1.25.

Source: California Canners and Growers; Cookbook Department; 3100 Ferry Building; San Francisco, CA 94111. (415) 981-0101.

21. Dining with Your Diabetic Child. C. Briggs. Salt Lake City: Kerry and Christy Briggs; 1978. 79 p.

The 6 weeks of complete dinner plans included in this book are designed to enable families of children who have diabetes to eat according to the child's diet without loss of variety, nutrition, or enjoyment. Fifty recipes include soups, casseroles, salads, meat dishes, seafood, chicken, syrups, and gelatins. The recipes are approved by the patient education committee of the ADA, Utah Affiliate, Incorporated.

Price: $4.95 plus postage.

Source: Ms. Christy Briggs; 433 E. Deepdale Road; Phoenix, AZ 85022. (602) 993-8215.

22. Great At Any Age. C. Bandurski; E. Simpson; [et al.]. Diabetes Forecast. 34(2):36-39; March-April 1981.

Innovative summer camps for children with diabetes are described. One of the camps that makes a specific effort to involve the families includes parents as part of the regular camp program. A wilderness adventure trip involving hiking and canoeing for teenage girls with diabetes is described, and tips for planning for this kind of trip, including exchanges for typical camp foods, are provided. Camps for adults are also discussed.

Readability Rating: 12th Grade.

23. Growing Up. T. Stewart. Diabetes Forecast. 33(4):36-37; July-August 1980.

A physician who became insulin-dependent at age 11 recounts his experiences with athletics, medical school, marriage, and parenthood. The dependency that can develop in children with diabetes and the importance of outgrowing it and taking responsibility are discussed.

Readability Rating: 11th Grade.

24. Healthy Eating for Healthy Growing: A Nutrition Plan for Growing With Diabetes. American Association of Diabetes Educators, Child Nutrition Book Committee. Pitman, NJ: American Association of Diabetes Educators; 1982. 21 p.

In this coloring book, a young boy with diabetes explains daily dietary care to a young girl with newly diagnosed diabetes. Carbohydrate, protein, fat, and fiber are described, and examples of each are given. The characters discuss the importance of meal schedules and develop a 1-day meal plan. Space is provided for a child to create another meal plan.

Readability Rating: 5th Grade.

Price: $.50 for AADE members; $.75 for nonmembers; bulk rate: $.45 each for 10 or more.

Source: American Association of Diabetes Educators; North Woodbury Road; Box 56; Pitman, NJ 08071. (609) 589-4831.

25. How to Cope With Children's Parties. [anon.]. Detroit: ADA; Michigan Affiliate; 1977. 1 p.

Suggestions for maintaining diet control at school parties are presented. Some nutritious party refreshments are recommended.

Readability Rating: 9th Grade.

Price: Free; one-copy limit for out-of-state residents.

Source: American Diabetes Association; Michigan Affiliate, Incorporated; 23100 Providence Drive; Suite 475; Southfield, MI 48075. (313) 552-0480.

26. Information About the Student With Diabetes. [anon.]. Great Falls, MT: American Diabetes Association, Montana Affiliate; 1982. 1 p.

Written for teachers and school administrators, this one-page flyer identifies what to watch for and what actions to take for high blood sugar (hyperglycemia) and low blood sugar (hypoglycemia). Brief information about diabetes, blood and urine testing, and diet, as well as space for recording emergency phone numbers and the student's name are provided.

Readability Rating: 9th Grade.

Price: Free.

Source: American Diabetes Association, Montana Affiliate, Incorporated; 600 Central Plaza, Suite 304; Box 2411; Great Falls, MT 59403. (406) 761-0908.

27. An Instructional Aid on Juvenile Diabetes Mellitus. (6th ed.) L. B. Travis. Austin, TX: American Diabetes Association, South Texas Affiliate; 1980. 222 p.

This manual uses a question-and-answer format to explain diabetes and teach children techniques of self-care. Red, green, and black print and the use of numerous illustrations emphasize and clarify important points. The manual discusses glucose/insulin metabolism and a range of self-care issues, such as urine testing, types of insulin, injection techniques, recognizing and handling insulin reaction and ketoacidosis, and exercise and sports activities. This sixth edition also discusses recent advances in diabetes management including hemoglobin A_1C tests and the insulin pump. Each section is followed by a brief test of the section's material.

Readability Rating: 10th Grade.

Price: $6.00 plus shipping and handling.

Source: American Diabetes Association; Texas Affiliate, Inc.; P.O. Box 14926; Austin, TX 78761. (512) 454-7614.

28. Just Like Any Other Kid. [anon.]. Toronto, Ontario: Canadian Diabetes Association; [n.d.]. 4 p.

Directed to the parents of children with diabetes, this brochure addresses coping with the child's disease. The brochure records a discussion that takes place among a group of parents who share their experiences with accepting the diagnosis, handling daily care, allowing the child freedom, enabling the child to enjoy holiday meals, and encouraging the child to assume responsibility for self-care.

Readability Rating: 12th Grade.

Price: Contact directly for details.

Source: Canadian Diabetes Association; National Office; 78 Bond Street; Toronto, Ontario M5B 2J8. (416). 362-4440.

29. Kid's Corner: Fun for Children With Diabetes. N. Richter and the Editors of Diabetes Forecast. New York, NY: American Diabetes Association; 1983. 29 p.

Using games, quizzes, and cartoons, this full-color booklet teaches children 11 years of age and younger about diabetes. It is adapted from "Kids Corner," a regular column in the magazine Diabetes Forecast and addresses issues of self-care and self-image.

Price: $1.00 single copies; $50.00 for 100 copies.

Source: American Diabetes Association, Incorporated; 2 Park Avenue; New York, NY 10016. (212) 683-7444.

30. Kindergarten Time. K. Englander. Diabetes Forecast. 31(5):18, 41; September-October 1978.

A mother's experiences in preparing her daughter for the first year of school and in notifying the school of the child's diabetes are described.

Readability Rating: 12th Grade.

31. Lee Ducat's Sweet Revenge Will Be Finding a Cure for the National Killer--Diabetes. S. Moore. People Weekly. 8(2): 46-48; 11 July 1977.

A mother's reactions to her son's diabetes are described. Through an interview, she explains the difference between juvenile-onset and

adult-onset diabetes, the role of insulin, and how children with diabetes and their families can cope with the disease.

Readability Rating: 9th Grade.

32. Management of Juvenile Diabetes. J. J. Levinsky. Hackensack: ADA, New Jersey Affiliate; 1978. 4 p.

The psychological, physical, and emotional development of the child is discussed as a focus in the management of diabetes in children. Insulin, diet, and exercise are described as the primary methods of treatment. The leaflet is a transcript of a tape used in a telephone information program.

Price: Single copy free.

Readability Rating: Grade 14.

Source: American Diabetes Association; New Jersey Affiliate, Incorporated; 345 Union Street; Hackensack, NJ 07601. (201) 487-7228.

33. Me Too! B. Goldberg. Diabetes Forecast. 32(6):29-30, 52; November-December 1979.

Special needs of the healthy child in a family in which a sibling has diabetes are discussed. These include reassurance by parents that the children are loved equally and that the healthy child is not responsible for the illness.

Readability Rating: 10th Grade.

34. Parent to Parent: Your Child Has Diabetes. [anon.]. New York, NY: Juvenile Diabetes Foundation; 1982. 8 p.

This pamphlet offers parents of children with insulin-dependent diabetes reassurance and information to help them cope with the disease and their own and the child's anxiety. Giving the child responsibility for self-care and control is discussed. It also addresses the attitudes of the parents and other family members toward the child and diabetes. It is noted that adolescence may be the most difficult stage because of the psychological and physiological changes that occur.

Readability Rating: 12th Grade.

Price: Free.

Source: The Juvenile Diabetes Foundation International; 23 East 26th Street; New York, NY 10010. (212) 889-7575.

35. Parent's Guide: Psychological Aspects of Diabetes. O. C. Page. Portland, OR: American Diabetes Association, Oregon Affiliate; 1982. 6 p.

This tri-fold pamphlet for parents who have children with diabetes addresses issues to consider when adjusting to the diagnosis of the disease. It also gives guidance for helping a child to manage emotional responses during various stages of growth.

Readability Rating: Grade 13.

Price: Free.

Source: American Diabetes Association; Oregon Affiliate, Incorporated; 3607 S.W. Corbett; Portland, OR 97201. (503) 228-0849.

36. Parents of Diabetic Youngsters Look at Themselves: Part I. J. B. Leibovich. Diabetes Forecast. 30(2):10-12; March-April 1977.

Part I of this article examines the feelings expressed by parents of children with diabetes during an 8-week discussion group. Parents who had previously felt isolated shared emotions of anxiety, guilt, fear, and anger and came to realize that they were not alone. Many also were able to set more realistic goals and gain more confidence in their abilities as parents.

Readability Rating: Grade 13.

37. Parents of Diabetic Youngsters Look at Themselves: Part II. J. B. Leibovich. Diabetes Forecast. 30(3):12-13, 40-41; May-June 1977.

This article explores the added problems and stresses experienced by growing children who have diabetes and their parents. The dilemma of watching over these children while allowing them to develop independence is examined.

Readability Rating: Grade 13.

38. Picture Pages for Insulin. G. Auten; J. Carawan; [et al.]. Chapel Hill: Patient Education Center; 1976. 9 p.

The authors recommend that a health care professional assist newly diagnosed young children in using this booklet to learn the steps to follow when injecting insulin. The do's and don'ts for storage and handling insulin are suggested. A connect-a-dot picture puzzle completes the booklet.

Readability Rating: 5th Grade.

Price: $.25.

Source: American Diabetes Association; North Carolina Affiliate; 100 Station Plaza; Suite 210; P.O. Box 4621; Rocky Mount, NC 27801. (919) 446-1108.

39. Put the Pleasure Back into Parenting. J. I. Malone; A. L. Rosenbloom. Diabetes Forecast. 34(5):39-41, 55-57; September-October 1981.

Strategies for managing diabetes in children and adolescents are outlined. The importance and impact of parental attitudes and reactions are discussed. General advice is given about stages of growth from early childhood through adolescence with regard to a child's readiness to assume responsibility for self-care. Goals are provided for daily care of insulin, nutrition, and exercise.

Readability Rating: 12th Grade.

40. Raising A Diabetic Child. D. Canova. Hackensack: ADA, New Jersey Affiliate; 1978. 6 p.

One family's experience in raising a child with diabetes is outlined. Diet, insulin, sports, exercise, and complications are considered. The psychological effects of the disease are noted, and the importance of instilling positive attitudes and self-confidence in the child is emphasized.

Readability Rating: 11th Grade.

Price: Single copy free.

Source: American Diabetes Association; New Jersey Affiliate, Incorporated; 345 Union Street; Hackensack, NJ 07601. (201) 487-7228.

41. Rap Session. [anon.]. Diabetes Forecast. 30(5):14-17; September-October 1977.

Four young adults, ages 20-24, describe their experiences and feelings about growing up with diabetes.

Readability Rating: 8th Grade.

42. Runaway Sugar: All About Diabetes. A. Silverstein; V. B. Silverstein. New York, NY: J. B. Lippincott; 1981. 34 p.

Illustrated with sketches of children, this storybook explains possible causes of diabetes and what happens to the body when diabetes occurs. The authors discuss how a healthy body digests and uses food and how

these processes differ i a person with diabetes. Urine and blood testing, insulin administration, proper diet, and self-care are also explained. The book includes a glossary.

Readability Rating: 7th Grade.

Price: $9.13.

Source: J. B. Lippincott Junior Books; 10 East 53rd Street; New York, NY 10022. (212) 593-7000. Order No.: ISBN-0-397-31928-2.

43. The School, the Teacher and the Diabetic Child. [anon.]. Richmond: State Department of Health; 1978. 7 p.

The signs and symptoms of diabetes in school-age children are described in this booklet, and procedures teachers should follow in a diabetic emergency are explained. Methods of accommodating the school lunch plan to the child's diet are discussed.

Readability Rating: 10th Grade.

Price: Free.

Source: Virginia State Department of Health; Bureau of Public Health Nutrition; 109 Governor's Street; James Madison Building; 6th Floor; Richmond, VA 23219. (804) 786-5420.

44. "Sing NYDA". R. Rusting. Diabetes Forecast. 34(2):30-34; March-April 1981.

A camp operated by the New York Diabetes Affiliate for children aged 11-14 years is designed to minimize the feelings about being different. Each camper learns how to control diabetes by performing daily care routines under the supervision of counselors or nurses. In addition to diabetes self-care education, camp activities include volleyball, boating, swimming, and singing. Daily rap groups offer an outlet for the feelings and questions that many children who have diabetes may keep hidden.

Readability Rating: 9th Grade.

45. Some Children Have Diabetes. M. A. Keller. Cleveland: Diabetes Association of Greater Cleveland; 1979. 16 p.

This handprinted, illustrated booklet explains treatment for diabetes, the exchange system, the use of insulin, symptoms and treatment for insulin reaction, and how exercise affects the child's diet and insulin control.

Readability Rating: 7th Grade.

Price: $1.00 each; $.90 each/100.

Source: Diabetes Association of Greater Cleveland; 2022 Lee Road; Cleveland, OH 44118. (216) 371-3301.

46. The Student With Diabetes. S. M. Wentworth; J. Hoover. Journal of the National Education Association. p. 42-44; February-March 1981.

Intended for elementary school teachers, this article presents basic facts about diabetes. Health and behavior problems resulting from a change in blood glucose levels, including procedures to follow in the event of an insulin reaction, are explained. Also, diet, exercise, emotional stress, and insulin injection are discussed. The article emphasizes avoiding an overprotective attitude toward the child.

47. The Student With Diabetes: Information for Teachers and Adult Leaders. [anon.]. Toronto, Ontario: Canadian Diabetes Association; 1980. 2 p.

Methods for preventing, identifying, and treating insulin reactions are outlined. Information about the child's treatment regimen that should be obtained from parents is specified.

Readability Rating: 12th Grade.

Evaluation: Highly Recommended. Chicago, Diabetes Research and Training Center. 1981.

Price: $.20 each; minimum order $10.00.

Source: Canadian Diabetes Association; National Office; 78 Bond Street; Toronto, Ontario M5B 2J8. (416) 362-4440.

48. The Sugar Disease: Diabetes. A. Silverstein; V. B. Silverstein. New York, NY: J. B. Lippicott; 1980. 111 p.

This basic introduction to diabetes for young people discusses what diabetes is, how it affects the body, how it is treated, and the state of current research.

Readability Rating: 11th Grade.

Price: $9.57.

Source: J. B. Lippincott Company; 10 East 53rd Street; New York, NY 10022. (212) 893-7000. Order No.: ISBN 0-397-31844-8.

49. Summer Camps for Children With Diabetes in the United States and Canada: 1983. American Diabetes Association. New York, NY: American Diabetes Association; 1983. 27 p.

Camps operated by the American Diabetes Association and/or independent organizations in the United States and Canada for children with diabetes are listed. Each listing includes the address, sponsor, cost, schedule, and the age group of children who usually attend.

Price: Free.

Source: American Diabetes Association; 2 Park Avenue; New York, NY 10016. (212) 683-7444.

50. Too Great Expectations. B. J. Anderson; W. F. Auslander. Diabetes Forecast. 36(1):22-25; January-February 1983.

Goal-setting as a way for parents to help in the control of their child's diabetes is explained. The article presents a list of developmental "tasks" that can help guide the parent in forming reasonable expectations for the different stages of development, i.e., infant and toddler years, early and middle school years, early and late adolescence, and early adulthood.

Readability Rating: 12th Grade.

51. Understanding Insulin Dependent Diabetes. H. P. Chase; B. Davis. Los Angeles, CA: United Artists Corporation; 1983. 110 p.

Designed for persons with diabetes and their families, this book uses the Pink Panther character to explain diabetes and its care. The book begins by explaining diabetes and its potential causes and by exploring the feelings and concerns of the family and the child with diabetes. Management and control discussions address insulin, self-monitoring, nutrition and meal planning, exercise, emergencies, and sick days. Other topics include long-term complications, school, babysitters, and camps and vacations.

Readability Rating: 10th Grade.

Price: $5.00

Source: The Guild of The Children's Diabetes Foundation at Denver; 700 Delaware Street; Denver, CO 80204. (303) 623-CURE.

52. A Visit With Danny Diabetes. G. Auten; J. Carawan; [et al.]. Chapel Hill: Patient Education Center; 1976. 13 p.

Designed for use by children with newly diagnosed cases of diabetes in conjunction with guidance from a health professional, this booklet explains diabetes and introduces the concepts of glucose, ketones, and insulin. Illustrations for the reader to color are included.

Readability Rating: 6th Grade.

Price: $2.00.

Source: Patient Education Center; North Carolina Memorial Hospital; Manning D ve; Chapel Hill, NC 27514. (919) 966-1091.

53. What About Driving, Dating, Drinking...and Diabetes? [anon.]. Toronto, Ontario: Canadian Diabetes Association; 1980. 7 p.

Questions that adolescents and young adults with diabetes often ask regarding school, driving, travel, career choices, social activities, marriage, and parenthood are answered. Some of the information, such as obtaining a driver's license, is based on Canadian law.

Readability Rating: 11th Grade.

Price: $.40 each; minimum order $10.00.

Source: Canadian Diabetes Association; National Office; 78 Bond Street; Toronto, Ontario M5B 2J8. (416) 362-4440.

54. What School Personnel Should Know About the Student with Diabetes. [anon.]. New York: American Diabetes Association; [n.d.]. 2 p.

This fact sheet provides basic information about diabetes including warning signs of insulin reactions, dietary requirements, and urine testing. An information form to be completed by parents of the child with diabetes is included.

Readability Rating: 11th Grade.

Price: Single copy free.

Source: American Diabetes Association, New Jersey Affiliate, Incorporated; 345 Union Street; Hackensack, NJ 07601. (201) 487-7228.

55. What the Teacher Should Know About the Diabetic Student. [anon.]. Detroit: ADA, Michigan Affiliate; [n.d.]. 2 p.

Symptoms, causes, and treatment of hypoglycemia are discussed in this fact sheet so that school personnel can better understand students with diabetes and administer emergency care if necessary. Space is

provided to record information that should be obtained from parents at the beginning of the school term.

Readability Rating: 12th Grade.

Price: Free; one-copy limit for out-of-state residents.

Source: American Diabetes Association; Michigan Affiliate, Inc.; 23100 Providence Drive; Suite 475; Southfield, MI 48075. (313) 552-0480.

56. What the Teacher Should Know About the Student With Diabetes. [anon.]. Minneapolis: ADA, Minnesota Affiliate; [n.d.]. 2 p.

This fact sheet provides school personnel with basic information about diabetes including insulin reactions, psychological adjustment, diet, and urine testing. General advice is offered, and a brief questionnaire for parents is included.

Readability Rating: 11th Grade.

Evaluation: Recommended. Diabetes Research and Training Center (DRTC), Indiana University. May 1981.

Price: $.15.

Source: American Diabetes Association; Minnesota Affiliate, Inc.; 5400 Glenwood Avenue N.; Minneapolis, MN 55422. (612) 546-9619.

57. What the Teacher Should Know About the Student With Diabetes Mellitus. [anon.]. New York: Vocational and Counseling Service, New York Diabetes Association; [n.d.]. 6 p.

The nature of diabetes in children is discussed, and ways of recognizing and treating insulin reactions are outlined. A summary list of questions that the teacher should ask about each student with diabetes, such as physician's name and phone number, is appended.

Readability Rating: 12th Grade.

Price: $1.00/9.

Source: American Diabetes Association; Heart of America Affiliate, Incorporated; 616 E. 63rd Street, Suite 201; Kansas City, MO 64110. (816) 361-3361.

58. What the Teacher Should Know About the Student With Diabetes Mellitus. P. Brazel. Seattle: ADA, Washington Affiliate; [n.d.]. 6 p.

Basic facts about diabetes are provided, with emphasis on the treatment of insulin reactions. An explanation of how glucagon can be used in the treatment of reactions is given, and special points for school personnel are listed.

Readability Rating: 12th Grade.

Evaluation: Recommended. Diabetes Research and Training Center (DRTC), Indiana University. May 1981.

Price: Free.

Source: American Diabetes Association; Washington Affiliate, Incorporated; 3201 Fremont Avenue, N.; Seattle, WA 98103. (206) 632-4576.

59. What the Teacher Should Know: Your Student Has Diabetes. [anon.]. New York, NY: Juvenile Diabetes Foundation; 1982. 6 p.

This brochure presents information for teachers of students with insulin-dependent diabetes. It identifies the symptoms of and the appropriate action to take when a student has an insulin reaction. A blank information form is provided for a parent to complete and submit for the student's school file.

Readability Rating: 11th Grade.

Price: Free.

Source: The Juvenile Diabetes Foundation International; 23 East 26th Street; New York, NY 10010. (212) 889-7575.

60. What To Do If You Are Sick. [anon.]. Boston: Joslin Diabetes Center; 1981. 8 p.

This colorful pamphlet for children with diabetes illustrates basic procedures to follow when illness occurs. Information about urine testing, insulin, and when to call a doctor is included. Two charts compare causes, symptoms, and treatment of high and low blood glucose levels.

Readability Rating: 5th Grade.

Price: $2.00; $1.75/50 or more.

Source: Joslin Diabetes Center, Incorporated; One Joslin Place; Boston, MA 02215. (617) 732-2539.

61. What To Do--When Your Child Won't Eat. J. Hall; J. R. Keltz. Diabetes Forecast. 33(3):26-29; May-June 1980.

This article describes how the parents of a 5-year-old child with diabetes used a behavior modification program to improve the child's eating habits.

Readability Rating: 11th Grade.

62. What You Should Know About Juvenile (Insulin-Dependent) Diabetes. [anon.]. New York, NY: Juvenile Diabetes Foundation; 1982. 12 p.

In this introductory pamphlet, an overview of insulin-dependent diabetes is given. Symptoms of diabetes are listed and the body's need for a balance among insulin, regular exercise, and diet is explained. Written both for and about children with diabetes, the pamphlet includes guidelines for self-care and identifies the appropriate action to take in case of an insulin reaction. Finally, it reviews research efforts directed to controlling or finding a cure for diabetes.

Readability Rating: 11th Grade.

Price: Free.

Source: The Juvenile Diabetes Foundation International; 23 East 26th Street; New York, NY 10010. (212) 889-7575.

63. When the Signs Point to Diabetes. [anon.]. Current Health. 1(8):26-27; April 1978.

Symptoms and treatment of diabetes from a 10-year-old's perspective are discussed. "Why me" questioning by the child and a nurse's responses are presented. The positive aspects of health, such as the standard for self-care that is part of treatment, are emphasized.

Readability Rating: 6th Grade.

64. Why Camp? L. K. Reavill; R. Wheeler. Diabetes Forecast. 32(2):28-29; March-April 1981.

How parents should select a camp for the child with diabetes is considered. Two types of camps are discussed: (1) education-oriented camps which set aside specific times for diabetes education, and (2) recreational camps which simply provide the child with scheduled time for urine testing and insulin injections. However, most camps offer a combination of educational and recreational activities. Questions parents can ask to help them select a camp are noted.

Readability Rating: Grade 13.

65. A Word to...Camp Directors and Counselors. Rev. ed. [anon.]. New York: American Diabetes Association; 1981. 2 p.

Guidelines for handling diabetic emergencies in children are presented for camp directors and counselors. Signs, causes, and treatment for insulin reaction or hypoglycemia and hyperglycemia with acidosis are described.

Readability Rating: 9th Grade.

Price: Free.

Source: American Diabetes Association; 2 Park Avenue; New York, NY 10016. (212) 683-7444.

66. A Word to...Teachers and School Staff. [anon.]. New York, NY: American Diabetes Association; 1981. 2 p.

This pamphlet briefly introduces teachers and school personnel to the two most common diabetic emergencies. One page outlines the signs, causes, and treatment of insulin reaction and hyperglycemia with acidosis; the other suggests ways school staff can meet the needs of children with diabetes.

Readability Rating: 9th Grade.

Price: Free.

Source: American Diabetes Association; 2 Park Avenue; New York, NY 10016. (212) 683-7444.

67. You Can't Catch Diabetes From a Friend. L. Kipnis; S. Adler. Gainesville, FL: Triad Scientific; 1979. 64 p.

Photographs convey the impact of diabetes on four children, their families, and friends. Activities of their everyday lives are shown in conjunction with management of the disease through insulin, urine testing, diet, and exercise.

Readability Rating: 6th Grade.

Price: $9.95.

Source: Triad Publishing Co., Inc.; P.O. Box 13096; Gainesville, FL 32604. (904) 373-5308.

68. You Need the Right Foods Every Day to Be Healthy. G. Auten; J. Caraway; [et al.]. Chapel Hill: Patient Education Center; 1976. 7 p.

This pamphlet is intended for use with professional assistance by young children. Milk, meat, fat, starch, fruit, and vegetable food groups are briefly discussed, with examples given for each group listed. The effect of carbohydrates and proteins on blood glucose levels is explained. Children are warned against eating sweets except on special occasions.

Readability Rating: 7th Grade.

Price: $2.00.

Source: Patient Education Center; North Carolina Memorial Hospital; Manning Drive; Chapel Hill, NC 27514. (919) 966-1091.

69. Young People and Diabetes: Control Makes Sense. R. A. Guthrie. Diabetes Forecast. 30(1):18-21; January-February 1977.

The second and concluding part of Dr. Guthrie's article focuses on the relationship between long-term, chronic complications of diabetes in children and young people and control of blood glucose. A practical approach to achieving good control is outlined. It involves balancing diet, exercise, and insulin dosage in a treatment program that accommodates the young person's lifestyle and activity patterns. The importance of education, communication, family support, and continuing support from the health care team is emphasized.

Readability Rating: Grade 13.

70. Your Child Has Diabetes . . . What You Should Know. [anon.]. New York: American Diabetes Association; 1981. 6 p.

The importance of good control of diabetes and of parental support while the child learns to manage the disease is emphasized. A general description of the mechanisms of insulin-dependent diabetes is followed by such topics as school, long-term complications, and sources of information and support.

Readability Rating: 11th Grade.

Price: $.15 each; $12.00/100.

Source: American Diabetes Association, Incorporated; 2 Park Avenue; New York, NY 10016. (212) 683-7444.

Nonprint Materials

71. Camp Hertko Hollow (Slide). [anon.]. Cedar Rapids, IA: ADA, Iowa Affiliate; 1979. 62 slides. Accompanied by: script.

The Iowa Affiliate camping program for children with diabetes is presented via these slides. Information regarding the activities and programs coordinated at the annual 1-week session is provided. (DA-M).

Price: Loan: free/short term for Iowa residents only.

Source: American Diabetes Association, Iowa Affiliate, Incorporated; 1118 First Avenue, N.E.; Cedar Rapids, IA 52402. (319) 366-6884.

72. Diabetes (Videorecording). [anon.]. (Training Tapes for Child Development, No. 10.) St. Louis: Washington University School of Social Work, 1977. 1 cassette; 23 min.; sd.; black and white; 3/4 in.; 1/2 in. VHS.

The experiences of two children with diabetes and their families as they learn to cope with the disease are described. One child is 5 years old; the other is 19. The presentation emphasizes the point of view of the children and the stages through which the parents typically pass as they learn to accept and manage the conditions of the disease. The role of a social worker is also depicted in relation to the child with diabetes in a school setting. (UM-M).

Price: Sale: $82.00; Loan: $15.00.

Source: Washington University; School of Social Work; Learning Resources Center; Campus Box 1196; St. Louis, MO 63130. (314) 889-6612.

73. Diabetes: History and Symptoms (Videorecording). J. Davidson. Dallas, TX: University of Texas Health Science Center; 1978. 1 cassette; 30 min; sd; color; 3/4 in.

Using a case study, this program illustrates the differences between insulin-dependent and noninsulin-dependent diabetes. A physician explains to a newly-diagnosed patient the variations in the two types of diabetes. The discussion includes symptoms, progression, and treatment. (UM-M).

Price: Contact directly for details.

Source: University of Texas Health Science Center at Dallas; Dallas Area Hospital Television System; Department of Biomedical Communications, 5323 Harry Hines Boulevard; Dallas, TX 75235. (214) 688-3691. Order No.: WK 810 VT 2.

74. Diabetes--Sugar Gone Awry (Filmstrip). [anon.]. Freeport, NY: Educa[illegible]al Activities; 1977. 1 filmstrip; 51 fr.; sd.; color; 35 mm; Accom[illegible]ed by: audiocassettes; 11 min.

Designed for adolescents, this program is an introduction to diabetes. Statistics concerning prevalence of the disease are followed by a short history of management up to the development of insulin. The anatomy and physiology of the pancreas are described as is the process of glucose metabolism in both the normal person and the person with diabetes. The types of diabetes are explained and the role of heredity is mentioned. The use of a glucose tolerance test to diagnose the disease is demonstrated. Insulin emergencies and complications of the disease are briefly depicted. (UM-M).

Price: Sale: Filmstrip $12.00; Cassette $9.95.

Source: Educational Activities, Incorporated; P.O. Box 392; Freeport, NY 11520. (516) 223-4666. Order No.: Filmstrip FSC 487-F4; Cassette FSC 487-C4.

75. Diabetes: Well-Managed Juvenile Diabetes (Videorecording). K. Onur. Dallas, TX: University of Texas Health Science Center; 1979. 1 cassette; 13 min; sd; color; 3/4 in.

This program defines the differences between insulin-dependent and noninsulin-dependent diabetes including etiology, progression, and treatment. The role of the parents in helping a child control the condition are discussed. These methods include the use of insulin, diet, physical activity, and emotional control. (UM-M).

Price: Sale: $120.00; Loan: $60.00.

Source: University of Texas Health Science Center at Dallas; Dallas Area Hospital Television System; Department of Biomedical Communications; 5323 Harry Hines Boulevard; Dallas, TX 75235. (214) 688-3691. Order No.: WK 810 VT 14.

76. Food Exchange Playing Cards (Game). Minneapolis: ADA, Minnesota Affiliate; 1978. 52 cards; plastic-coated; color. Accompanied by: booklet.

This deck of playing cards is based on the revised Exchange Lists for Meal Planning. The cards can be used for diabetic meal planning, weight control, and nutrition education.

Price: $4.95; Minnesota residents add 5 percent sales tax.

Source: American Diabetes Association; Minnesota Affiliate, Inc.; 5400 Glenwood Avenue, N.; Minneapolis, MN 55422. (612) 546-9619.

77. Food for Thought (Game). D. Wooten; R. Aldridge. Birmingham: Baptist Medical Center; 1978. 36 x 36 in.

The game, designed as a review of the exchange tables, is similar to television's "Concentration" game. Both sides of the board have a set of wooden blocks with a puzzle behind each set. On one side, matches are made between grams of carbohydrates and the appropriate exchange group. On the other side, the player matches the food to the correct exchange group. The game may be played alone or with two teams. (DA-M).

Price: $10.00.

Source: Baptist Medical Center-Montclair; 800 Montclair Road; Birmingham, AL 35213. (205) 592-1000.

78. For Kids by Kids: Testing Your Blood for Sugar Level (Videorecording). J. Santiago; [et al.]. St. Louis, MO: Washington University School of Social Work; 1982. 1 cassette; 8 min; sd; color; 3/4 in. Also available in 3/4 in. U-matic and VHS and Beta cassettes.

Blood glucose testing in children is introduced. The advantages of testing blood rather than urine, including ease of testing, accuracy, and improvement in control, are described. An 11-year-old boy and a 12-year-old girl discuss their transition from urine to blood testing, and they emphasize the ease with which blood testing fits into their lifestyles. (UM-M).

Evaluation: Good. Michigan Diabetes Research and Training Center. 1983.

Price: $80.00.

Source: Video Center; School of Social Work; Washington University; St. Louis, MO 63130. (314) 889-6612/6661.

79. Four Is Special (Kit). Madison, WI: St. Mary's Hospital Medical Center; 1977.

This puppet show kit can be used to instruct children with diabetes about nutrition. It contains an outline of how the program should be conducted; the script, complete with instructions for staging and for making the puppets, plus music cues; a copy of the "Four Is Special" coloring book; copies of handouts intended for the children; and a brochure, letter, and name tags to send to schools in order to help teachers prepare for the program. (AA-M).

Price: $50.00.

Source: Community Relations Department; St. Mary's Hospital Medical Center; 707 S. Mills Street; Madison, WI 53715. (608) 258-5065.

80. Juvenile Diabetes (Audiorecording). (The Doctor Talks to You Series) M. Ellenberg. Bayside: Soundwords; 1979. 1 cassette; 42 min.

After characterizing juvenile-onset diabetes as insulin insufficiency and maturity-onset diabetes as insulin inefficiency, the program discusses the following aspects of diabetes in children: heredity and environmental factors; the viral theory; the use of multiple-dose insulin therapy; the effect on normal physical and mental growth and development; participation in sports; the schooling of the juvenile with diabetes; career choices; the emotional and psychological effect of juvenile-onset diabetes; and new treatment methods. (UM-M).

Price: Sale: $10.95.

Source: Soundwords, Incorporated; 56-11 217 Street; Bayside, NY 11364. (212) 224-5310.

81. Juvenile Diabetes (Videorecording). Los Angeles: Professional Research; 1979. 1 cassette; 14 min.; sd.; color; 3/4 in. Also available in 1/2 in. videocassette and super 8mm film cartridges.

Using animation and dramatic vignettes, this program reviews the physiology of diabetes, the function of insulin in the body, and the key elements of good control. Insulin injections, meal planning, urine testing, and exercise are also discussed. A positive approach to juvenile diabetes is presented throughout the program. (UM).

Evaluation: Excellent or Very Good. Michigan Diabetes Research and Training Center. 1983.

Price: $295.00.

Source: Professional Research, Incorporated, 930 Pitner Avenue; Evanston, IL 60202. (800) 421-2636. Illinois residents: (312) 328-6700.

82. Managing Diabetes (Pediatric) (Videorecording). Orlando, FL: Vision Multimedia Communications; 1982. 78 slides; color; 15 min. Also available in filmstrip with cassette.

This program is aimed at children under 10 years. It uses a video game to introduce children to typical problem situations encountered by the patient with diabetes and the proper method for handling each situation. The topics include food metabolism, insulin production, insulin injection, urine testing, blood glucose monitoring, and meal planning. The program could be used with a group of children. (UM).

Evaluation: Excellent or Very Good. Michigan Diabetes Research and Training Center. 1983.

Price: Sale: Slides/filmstrip $135.00; videocassette $170.00.

Source: Vision Multimedia Communications, Inc.; 638 West Winter Park Street; Box 8527; Orlando, FL 32804. (305) 422-1912.

83. Michael: A Day in the Life of a Diabetic Child (Slide-tape). New York: Juvenile Diabetes Foundation; [n.d.]. 67 slides; color; 2 x 2 in. Accompanied by: 1 cassette; 15 min.

This presentation is designed to give newly diagnosed children with diabetes an idea of how another juvenile lives a normal life in spite of the disease. Eleven-year-old Michael is shown testing his urine and administering insulin in the morning. After breakfast he attends school. While playing in the afternoon, he comments on his need to watch his sugar intake very carefully. In the presentation, Michael is shown with friends, family, and teachers who are all aware of his problem but who help him lead a life that is typical for children of his age. (UM-M).

Price: Sale: $45.00; Loan: $20.00/month.

Source: Juvenile Diabetes Foundation, Tri-County Chapter; 13 London Drive; East Brunswick, NJ 08816. (201) 254-8860.

84. No Sugar Coating (Motion picture). [anon.]. New York: American Diabetes Association; 1979. 1 reel; 18 min.; sd.; color; 16 mm.

This program focuses on the emotional and psychological adjustments that children and adolescents with diabetes must make. In a dramatization, adolescents with diabetes on a weekend trip are totally responsible for their personal care. They share their feelings about their condition with a medical social worker, a psychiatrist, and each other and discuss adherence to meal plans, urine testing schedules,

insulin injections, exercising, and the adjustments that their families have had to make. (UM-M).

Evaluation: Good. Michigan Diabetes Research and Training Center. 1983.

Price: Sale: $250.00 plus $2.50 shipping.

Source: American Diabetes Association, Incorporated; 2 Park Avenue; New York, NY 10016. (212) 683-7444.

85. Puppets to the Point (Kit) [anon.]. Independence, MO: Fwenz; 1978. 5 puppets; 2 18-min. cassette tapes; script manual and instructions; props; carrying case.

Part one of this fully scripted puppet show acquaints children with the metabolic processes that result in diabetes and the reasons for insulin injections. Part two addresses emotional issues including how to cope with anger. Part three gives more information about diabetes control, including symptoms, the need for exercise, and the treatment of insulin reactions. (DA-M).

Price: $395.00 plus postage.

Source: Fwenz Unlimited; P.O. Box 1772; Independence, MO 64055. (816) 252-2660.

86. "So Izzy's Gone - Is He?" (Slide-cassette). [anon.]. Flint, MI: Hurley Medical Center; [n.d.]. 2-1/2 min.

This program is meant for the pre-adolescent with diabetes. A cartoon analogy represents insulin as Izzy, a furry critter whose close friendship is necessary for the child with diabetes to feel well. Izzy's interactions with "Sally Sugar" are narrated by "Penny Pancreas" in a way that can be understood by the young person with diabetes. This program won the 1980 Allene Von Son Diabetes Educator Award. (DA).

Price: $75.00; free preview.

Source: Izzie and Mr. Bell; Health Education Office; Hurley Medical Center; One Hurley Plaza; Flint, MI 48502. (313) 257-9000.

87. Sugar Babe and A Guide for the Person With Diabetes (Teaching doll kit). A. Krosnick. Princeton, NJ: Lory M. Needelman; 1978. 1 doll; carrier, audiocassette and 34-page instructional booklet.

This doll was developed to help children with diabetes learn basic concepts about daily care and to practice measurement, adjustment of insulin, and actual injections. The doll has sites marked for injections. The kit was developed for children with diabetes and their families to use and for use in teaching programs of hospitals, camps, health departments, and physician offices. (AA).

Readability Rating for Booklet: 9th Grade.

Price: Contact directly for details.

Source: Sugar Babe; P.O. Box 3133; Princeton, NJ 08540. (609) 443-6426.

88. Sugar High - Sugar Low (Videorecording). Orlando, FL: Vision Multimedia Communications; 1982. 80 slides; color; 12 min. Also available in filmstrip with cassette.

This program uses a video game theme to discuss diabetic emergencies, such as hypoglycemia, hyperglycemia, and ketoacidosis. Causes, symptoms, and treatments are explored, and knowing what to do in an emergency is emphasized. (UM).

Evaluation: Excellent or Very Good. Michigan Diabetes Research and Training Center. 1983.

Price: Sale: Slides/filmstrip $135.00; videocassette $170.00.

Source: Vision Multimedia Communications, Inc.; 638 West Winter Park Street; Box 8527; Orlando, FL 32804. (305) 422-1912.

89. What Is Insulin Dependent Diabetes? (Slide-tape). L. L. Lund. (Diabetes Counseling Series.) Garden Grove, CA: Trainex; 1977. 79 slides; color. Accompanied by: 1 cassette; 14 min. Also available on 35mm filmstrip, videotape, and Audiscan and LaBelle cartridges. Audio available in Spanish. Includes patient checklist in Spanish and English.

A teen-age boy discusses the role of insulin in controlling diabetes from his point of view. Basic mechanisms of metabolism and of insulin production are discussed. Differences and similarities between ketoacidosis and hypoglycemia are explained, and the causes, symptoms, and treatment of each condition are presented in chart form. (UM-M).

Price: Sale: $97.00 for slide-tape; Contact directly for leasing details and prices for other formats.

Source: Trainex Corporation; 12601 Industry Street; Garden Grove, CA 92641. (800) 854-2485.

90. "What's Diabetes?" Asked the Rabbit (Animated Videorecording). [anon.]. Cedar Rapids, IA: American Diabetes Association; Iowa Affiliate; 1981. 7 min; sd; color; 16mm. Also available in videocassette.

This fully animated movie, designed for both the general public and children with diabetes, shows in simple terms what diabetes is. Viewers learn about urine and blood testing, how to inject insulin, and the proper balance between food and exercise. (DA).

Evaluation: Excellent or Very Good. Michigan Diabetes Research and Training Center. 1983.

Price: Sale: $225.00; Loan: $25.00/week.

Source: American Diabetes Association; Iowa Affiliate, Inc.; 1118 First Avenue, N.E.; Cedar Rapids, IA 52402. (319) 366-6884.

91. You Can't Catch Diabetes From a Friend (Slide-Cassette). [anon.]. New York, NY: Juvenile Diabetes Foundation; 1981. 80 slides; black and white; 2 x 2 in.; audiocassette: 23 min.

Adapted from the book, You Can't Catch Diabetes From a Friend, by Lynn Kipnis and Susan Adler, this program explains diabetes. The presentation follows the experiences of four children, aged 9 to 14, who have diabetes. Focusing on the child's point of view, the program illustrates what it is like to have diabetes and discusses the larger implications of the disease by examining its effects on the child, his/her family, and friends. (UM-M).

Price: $50.00.

Source: Juvenile Diabetes Foundation International; Executive Office; 23 East 26th Street; New York, NY 10010. (212) 889-7575.

92. Adjustment in Diabetic Adolescent Girls: I. Development of the Diabeti Adjustment Scale. B. J. Sullivan. Psychosomatic Medicine. 41(2): 119-126; March 1979.

A 37-item scale, designed to assess life adjustment in 105 adolescent girls with diabetes who ranged in age from 12 to 16 years, elicited information about peer and family relationships, body image concerns, dependence-independence conflicts, school adjustment, and attitudes toward diabetes. Results showed that subjects were relatively well adjusted and that their attitudes toward diabetes correlated positively with many life adjustment factors. The importance of self-report scales that address the realities of life for persons who have diabetes is emphasized. (AA-M).

93. Adjustment in Diabetic Adolescent Girls: II. Adjustment, Self Esteem, and Depression in Diabetic Adolescent Girls. B. J. Sullivan. Psychosomatic Medicine. 41(2):127-138; March 1979.

The Rosenberg Self-Esteem Scale, the Beck Depression Inventory, and the Sullivan Diabetic Adjustment Scale (DAS) were administered to 105 adolescent girls with diabetes to identify life adjustment factors relevant to self-esteem and depression. Subjects ranged in age from 12 to 16 years. Results indicated that self-esteem and depression levels correlated highly with adjustment as assessed by the DAS. Specifically, the adjustments of subjects in peer and family relationships, dependence-independence conflicts, and attitudes towards diabetes were significantly related to self-esteem. Depression was significantly related to all adjustment factors and to body image. It is concluded that the DAS may be a useful screening device for low self-esteem and depression in adolescent girls who have diabetes. Depression in these adolescent girls may be expressed through concerns about the disease itself, and their relationships with peers and fathers are particularly important in this regard. (AA-M).

94. Adolescent Diabetes Clinic: A Specialized Treatment Approach. G. Gunter-Hunt; L. R. Parker; M. L. Spencer. The Diabetes Educator. 8(3):36-38; Fall 1982.

An adolescent diabetes clinic that involved a series of breakfast session discussions was evaluated to identify the program's strengths and weaknesses. The evaluation measured the perceptions of the

participants and compared them with perceptions of the health care team to determine the effectiveness of the clinic. The participants included 21 adolescents aged 10 to 18, 20 parents, and 7 members of a health care team. No significant differences were found between the perceptions of the teens and their parents about parent/family education, team influence upon psychosocial factors, self-care, and team/family interaction. Family responses, however, differed significantly from those of the health care team about the team's influence on psychosocial factors. The teens and parents both gave positive ratings to the breakfast sessions. For the assessment of topics at the breakfast sessions, the teens gave highest ratings to the discussion of long-term complications. The authors conclude that medical care for teens is most effective when social, emotional, and medical issues are addressed and that a well-structured, non-threatening group situation is very effective.

95. Age, Sex, and Season of Onset of Juvenile Diabetes in Different Geographic Areas. F. M. Fleegler; K. D. Rogers; [et al.]. Pediatrics. 63(3):374-379; March 1979.

Age, sex, and estimated time of onset of insulin-dependent diabetes were determined for children in Pittsburgh (N-673), Gainesville (N=976), Galveston (N=741), and Melbourne, Australia (N=851). The U.S. cities had a decrease in new cases during the summer and peak incidence in January through April. In Melbourne, monthly trends were reversed: there were more cases during May through August. In U.S. cities, but not in Melbourne, children less than 6 years old showed a greater variation by season than children 6 years old and older. Observations of the same fall and winter onset (in different calendar months) of insulin-dependent diabetes in Australia and the United States and exaggeration of seasonal differences in young U.S. children suggest that onset of insulin-dependent diabetes is associated with seasonally varying viral diseases. Mumps and rubella infections do not seem to be responsible for much of the seasonal variation. Seasonal peaks of mumps and rubella are later than those observed for insulin-dependent diabetes, and immunization with live mumps and rubella viruses has not been associated with changes in incidence of insulin-dependent diabetes. An increase in disease incidence in boys over girls below age 6 years and in girls over boys ages 6 through 11 years was consistently observed but not explained. (AA).

96. Attitudes Toward Dietary Management of Diabetes Among Youngsters at Camp. M. Franz. Diabetes Educator. 7(1):30-33; Spring 1981.

The attitudes of 125 campers with diabetes toward dietary management of the disease were surveyed. The campers ranged in age from 7 to 16 years. Information about their attitudes toward diet was obtained before camp, at the end of camp, and 6 months following camp. The

survey also addressed parental attitudes toward diabetes management. Questionnaires completed by campers and parents indicated that taking insulin is most important in diabetes management, followed by urine testing, and diet. Children stated that dietitians provide meal planning guidance more clearly than do physicians. The camp's dietary program is described.

97. Attitudes Towards Self-Control With Urinalysis in Juvenile Diabetes. J. Ludvigsson; P. G. Svensson. Scandinavia Journal of Social Medicine. Suppl. 1(18):73-84; 1980.

The attitudes about daily urinalysis among children with diabetes and their parents were assessed. Between 1975 and 1979, 138 children from 6 to 18 years of age and their parents were studied. A year later, 31 of the children were studied again. Standardized interviews, questionnaires, and a special attitude test were used. The results indicate that a majority of children with diabetes and their parents accept self-testing and regard it as a valuable tool in the management of diabetes. (AA-M).

98. Beginning Research: Families With Diabetic Children. V. Roskell. Nursing Times. 73(50):1948-1951; 15 December 1977.

Interviews were conducted with 10 families to discern the parents' abilities to cope in social, emotional, and technical ways with their child's diabetes. The children, 4 to 11 years old, had all been diagnosed within the previous 18 months. Experiences of the families with medical and educational assistance following diagnosis, technical management, follow-up, adjustments to home management, school, and social issues are identified. The results show that families of children who were in the hospital longer were more confident about their management skills. However, much of the hospital education was forgotten, emotional support was lacking, and only three of the families felt confident about dietary management. The author concludes that close liaison between hospital and community services would enable early discharge with more effective education and social support in the home.

99. Behavioral Aspects of Diabetes Mellitus in Childhood and Adolescence. S. B. Johnson; A. L. Rosenbloom. Psychiatric Clinics of North America. (2):357-369; August 1982.

This article discusses factors affecting the behavior of children and adolescents who have diabetes. Etiology of the disease, treatment, daily management, and complications are addressed. Seven other variables that influence adjustment to and management of diabetes are described: education, cognitive development, attitudes, stress, family, society, and physician behavior toward the patient. Also

presented is the role of the behavioral specialist or the psychiatric or psychological consultant.

100. Behavioral Treatment of Obesity in Children. K. D. Brownell; A. J. Stunkard. American Journal of Diseases of Children. 132:403-412; April 1978.

The development of behavioral techniques for the control of obesity in children is reviewed. Techniques developed for the treatment of obese adults have recently been modified for use with children, and to date, six studies have evaluated their use. The results are encouraging and it appears that behavior therapy offers new promise in the treatment of this difficult problem. The review ends with a survey of behavioral techniques and suggestions for further reading. (AA).

101. Being an Adolescent With Diabetes. J. Solowiejczyk; L. Baker. Diabetes Care. 1(2):124-125; March-April 1978.

Information about how to handle school, sports, dating, drinking, and getting along with others is provided for the adolescent with diabetes. Smoking cigarettes and marijuana and coping with an insulin reaction are also discussed.

102. Camps for Children With Diabetes. L. B. Travis; T. A. Johnson [et al.]. Texas Medicine. 77(4):36-40; April 1981.

Texas has four camps where more than 700 children with diabetes come each summer. Although the programs in each of these camps differ, they all aim to increase the self-esteem of the child and to lessen anxiety in the family. This article explores the objectives of such camps and gives benefits of having children attend. (AA-M).

103. The Care of the Diabetic Child in General Practice. J. M. Court. Australian Family Physician. 6(5):518-524; May 1977.

The problems of children with diabetes seen most often by physicians in family practice are detailed. These include hypoglycemia, ketosis, intercurrent illness, vomiting, and local tissue reaction to insulin. Diabetes in these children is usually best controlled with a diet that provides adequate nutrition for growth and a carbohydrate allowance that balances the hypoglycemic effect of insulin, usually taken once or twice daily. With good initial training and emotional support in the care of their child, as well as intelligence and emotional stability, families can usually cope well with diabetes and allow the child to lead a normal life during childhood. (AA-M).

104. Caring for the Child With Diabetes. A. L. Kinmonth; J. D. Baum. Irish Journal of Medical Science. 148(Suppl. 2):69-74; 1979.

The challenges of caring for a child with diabetes are discussed. Factors identified as influencing diabetes management decisions include: type, timing, frequency, and dose of insulin; amount, distribution, and source of carbohydrate in the diet; amount of exercise; and psychological and environmental stresses, including the emotional climate of the family.

105. Changing Horizons: An Educational Program for Children With Diabetes. N. K. Carney. The Diabetes Educator. 5(4):11-16; Winter 1979-80.

An educational camp program that uses varied teaching and learning experiences is described. The nurse's role, the uniqueness of the camp environment as an educational setting, and the need for staff orientation are addressed. A table outlines the educational content for each day of the one-week camp. A wrap-up day is devoted to answering questions and posttesting. Suggestions for use of the program and a list of resources for program planning are provided.

106. The Child With Diabetes Mellitus. A. L. Drash. In: Behavioral and Psychosocial Issues in Diabetes: Proceedings of the National Conference. B.A. Hamburg; L.F. Lipsett; [et al.]. eds. Bethesda, MD: NIH; 1980; 33-42.

The difficulties of stabilizing and managing diabetes in children are discussed, and major therapeutic objectives are summarized. The author cautions that the physician must assess both immediate and long-range goals and must constantly redefine management objectives in terms of what is practical and consistently obtainable for the individual child. Minimizing patient and family stress is critical.

Price: $8.00.

Source: Superintendent of Documents; U.S. Government Printing Office; Washington, DC 20402. (202) 783-3238. Order No.: 017-045-00097-1.

107. Childhood Diabetes and Its Management. (2nd ed.) O. Craig. (Postgraduate Pediatrics Series.) Boston, MA: Butterworth; 1981. 316 p.

This book uses case studies to demonstrate individualizing treatment of children with diabetes. Topics about management include: diet and insulin; the first hospital admission; education; ketoacidosis, pre-coma, and coma; diabetes associated with other diseases; complications; and special food/diet situations.

Price: $49.95.

Source: Butterworth Publishers; 10 Tower Office Park; Woburn, MA 01801. (617) 933-8260.

108. Childhood Diabetes: The Emotional Adjustment of Parents and Child. E. F. Crosby. Canadian Nurse. 73(9):20-23; September 1977.

This article identifies research that contrasts the concerns of children with diabetes and their parents. Most of the children focused on the normal aspects of their lives; the parents focused on the management problems of diabetes. Considering this difference, the author describes the ongoing process of emotional adjustment for the child and the parents. The role of the nurse educator and other members of the health team are emphasized.

109. Children With Diabetes. (2nd ed.). L. M. Siminerio; J. Betschart. Pittsburgh, PA: Children's Hospital of Pittsburgh; 1982. 64 p.

This manual is a reference for parents, teachers, and health care professionals to help them with situations, questions, or problems that arise with a child with insulin-dependent diabetes. Information is included about metabolism, insulin, nutrition, exercise, complications, and adjustment to and control of the disease. Special concerns relating to infants, preschoolers, school-age children, and adolescents with diabetes are identified. Alcohol consumption, drug use, and dating and marriage are discussed. A glossary of terms and a bibliography are included.

Price: $7.50.

Source: American Diabetes Association, Western Pennsylvania Affiliate, Inc.; 4617 Winthrop St.; Pittsburgh, PA 15213. (412) 682-3392.

110. Chronically Ill Children: A Psychologically and Emotionally Deviant Population? J.B. Tavormina; L.S. Kastner; [et al.]. Journal of Abnormal Child Psychology. 4(2):99-110; 1976.

The study evaluated the psychosocial functioning levels of a group of chronically ill children with diabetes, asthma, cystic fibrosis, or hearing impairment across a battery of standardized personality instruments. The assessments were performed to provide a rigorous test of the popular hypothesis that chronically ill children are especially vulnerable to psychopathology. However, results across these measures demonstrated the essential normalcy, rather than the deviance, of these children. Although exceptions were noted, the children's functional

strengths and coping abilities noticeably outweighed their weaknesses. (AA-M).

111. College, Traveling, and Getting Away from Home. D. W. Guthrie. Diabetes Care. 1(2):126; March-April 1978.

To help the adolescent with diabetes, tips are given about insulin, eating regularly, and what to do in case of emergencies while traveling or away at college.

112. Compliance and the Health Belief Model--Its Relevance to the Treatment of Juvenile Diabetes Mellitus. J. Ludvigsson; B. Richt; P. G. Svensson. Scandinavia Journal of Social Medicine. Suppl. 1(18):57-72; 1980.

The significance of the concept of compliance is discussed. A distinction is made among the terms compliance, identification, and internalization. Factors important to compliant behavior are identified. The health belief model is defined and discussed with regard to diabetes and children and is found to be useful in removing barriers to compliant behavior. (AA-M).

113. Counseling the Camp Counselor. E. A. Coon; J. S. Lawson. Diabetes Educator. 5(2):19-20; Summer 1979.

A program was initiated in Kansas City, Missouri, to provide an overview of insulin-dependent diabetes for camp counselors. The topics, which are related to camping, are: management of insulin-dependent diabetes, diet planning and selection, insulin injections, and urine testing. Symptoms and treatment of hyperglycemia and hypoglycemia are also discussed.

114. Curriculum for Youth Education. Committee on Youth Education, American Diabetes Association. New York, NY: American Diabetes Association; 1983. 83 p.

Covering 13 topics related to diabetes and youth, this curriculum suggests specific educational objectives in three areas: (1) the classical cognitive domain of knowledge and understanding; (2) affective areas of attitudes and feelings; and (3) technical skills. The objectives are given in two formats: the first is according to a sequential presentation of the material, and the second categorizes the educational objectives according to age groups (6-8 years, 8-10 years, etc.).The curriculum includes: carbohydrate metabolism, etiology, pathophysiology, daily living with diabetes, urine and blood

glucose monitoring, insulin, diet, exercise, hypoglycemia, acute illness, sexuality, and complications. Preliminary evaluations of this curriculum are presented.

Price: Not determined; contact directly for details.

Source: American Diabetes Association; 2 Park Avenue; New York, NY 10016. (212) 683-7.14.

115. Daily Management of Youth-Onset Diabetes Mellitus: An Integrated Guide for Patients and Physicians. R. Sandler; M. Sandler. Springfield: C.C. Thomas; 1977. 102 p.

This book is intended for both the patient and the physician. Non-technical information about the pathophysiology of diabetes and the practical daily management of the problems are provided for the patient; detailed accounts of the pathogenesis and methods of professional management of the disease are interspersed for the physician.

Price: $12.25.

Source: Charles C. Thomas; 2600 S. 1st Street; Springfield, IL 62717. (217) 789-8980.

116. Day Camp Manual. Day Camp Committee, Eastern Oklahoma Chapter, ADA. Tulsa, OK: American Diabetes Association; 1982. 57 p.

This loose-leaf manual is designed for use by both staff members and volunteers of day camp programs for children with diabetes. An introductory section reviews the purpose, objectives, and nature of these camps. A section offering a conceptual framework for a camp includes presentations about: a family model; creative teaching methods; developmental learning; psychosocial issues; physician-patient relationships; and structure and discipline for adolescents in a group setting. A curriculum section identifies educational goals and methods for teaching about insulin, hyperglycemia, hypoglycemia, glucose monitoring, nutrition, and psychosocial factors. The manual includes an organizational chart, job descriptions for staff members, and a list of resource materials.

Price: $6.00.

Source: American Diabetes Association; Eastern Oklahoma Chapter; 6565 South Yale; Suite 105; Tulsa, OK 74177. (918) 492-4047. Oklahoma residents: (800) 722-5448.

117. Depression and "Adaptation" in Juvenile Diabetics. M. Kovacs. In: B. A. Hamburg; L. F. Lipsett; [et al.]. eds. Behavioral and Psychosocial Issues in Diabetes: Proceedings of the National Conference. Bethesda, MD: NIH; 1980; 57-60.

A study of the role of depression in newly diagnosed children is described. Study variables include the child's age and maturity at the time of diagnosis, the family's psychiatric history, the involvement of each parent in management of the disease, the marital relationship of the parents, the child's independent efforts to "demystify" the illness, the role of siblings with diabetes, and the child's self-esteem.

Price: $8.00.

Source: Superintendent of Documents; Government Printing Office; Washington, DC 20402. (202) 783-3238. Order No.: 017-045-00097-1.

118. A Developmentally Staged Curriculum for Teaching Self-Care to th Child With Insulin-Dependent Diabetes Mellitus. E. Kohler; L. Hurwitz; D. Milan. Diabetes Care. 5(3):300-304; May-June 1982.

A developmentally staged curriculum was designed to teach children with insulin-dependent diabetes mellitus about their disorder and its care within an organized program of ongoing ambulatory medical care. A preliminary evaluation of the teaching program based on this curriculum indicates that self-care skills are mastered but that the implementation of self-monitoring aspects decreases during adolescence. A survey of a sampling of participants indicates that interest in the program also declines with adolescence. However, the majority had positive responses at all ages, and all children and adolescents had positive responses to the experience of being with diabetic peers. The curriculum is presented to help organize the appropriate teaching of diabetes care to children and adolescents. (AA).

119. The Diabetes Assertiveness Test: A Measure of Social Coping Skills in Pre-Adolescent Diabetics. A. M. Gross; W. G. Johnson. Diabetes Educator. 7(2):26-27; Summer 1981.

A social skills training program was initiated for preadolescents with insulin-dependent diabetes who were experiencing psychological adjustment problems. A "Diabetes Assertiveness Test" revealed that the most difficult problem areas concerned explaining diabetes and its management to others, meeting parental demands, and coping with pressures to conform to peer behavior. Preliminary data suggest that social skills training is indicated as an adjunct to medical treatment.

120. Diabetes Education: It Is Not Only What We Say. J. B. Johnson. Diabetes Care. 5(3):343-345; May-June 1982.

The need for accurate and unbiased publications about diabetes for children is identified. Sample published excerpts that demonstrate

incomplete or inaccurate information, misplaced emphasis, or use of poor tone when relaying information to the young are cited. Criteria for selecting educational materials are given.

121. Diabetes Mellitus in Adolescents: A Comprehensive Approach to Outpatient Care. D. L. Bennett; M. S. Ward. Southern Medical Journal. 70(6):705-708; June 1977.

A comprehensive approach to care of adolescents with diabetes mellitus requires knowledge of the unique characteristics of insulin-dependent diabetes during this development period, appropriate medical goals, and awareness of the numerous psychologic and social problems encountered. Involvement of other health professionals is frequently needed. Successful adjustment of the adolescent to having diabetes includes absence of "maladaptive" coping mechanisms, realistic future goals, and acceptance of responsibility for self-care. (AA).

122. Diabetes Mellitus in the Child: Course, Special Problems, and Related Disorders. A. L. Drash; D. Becker. In: Diabetes, Obesity, and Vascular Disease: Metabolic and Molecular Interrelationships: Part 2. (Advances in Modern Nutrition: Volume 2.) H. M. Katzen; R. Mahler; eds., 1978; Chapter 18.

The etiology of diabetes in children is discussed in this review article. The different types of childhood diabetes are delineated, and management and control are considered. Factors affecting insulin requirements, special problems of the child with diabetes mellitus, and guidelines for setting realistic treatment objectives are also discussed.

Price: $24.00.

Source: John Wiley and Sons, Incorporated; 605 Third Avenue; New York, NY 10158. (212) 850-6000. Order No.: 0470262869.

123. Diabetic Angiopathy in Children: International Workshop, Berlin, September 1979. B. Weber. (Pediatric and Adolescent Endocrinology Series, Vol. 9). Basel, Switzerland: Karger; 1981. 380 p.

These proceedings of a workshop about vascular complications of diabetes in children include: changes of blood flow and blood cell function, functional changes of vision, muscle metabolism, morphological changes following insulin deficiency, diabetic retinopathy in children and adolescents, peripheral and autonomic neuropathy, renal vascular changes, and the long-term prognosis of Type 1 diabetes.

Price: $118.75 plus $4.25 postage and handling.

Source: Karger; c/o Albert J. Phiebig, Incorporated; P.O. Box 352; White Plains, NY 10602. (914) 948-0138.

124. Diabetic Children: Review Aspects of Diet Instruction. J. M. Smithgall: Diabetes Educator. 5(3):25-27; Fall 1979.

Thirty-one children with insulin-dependent diabetes were surveyed to gain insight into their evaluation of their dietary instruction and their recall of the information presented to them. The purpose of this survey was not only to generalize about this particular group's reaction to their instructions, but also to make suggestions about the teaching methods that would be the most relevant or acceptable to this group. Recommendations include adjusting instruction to various age groups with emphasis on the relevance and timeliness of patient education materials, methods used in presenting exchange lists, and the use of visual aids.

125. Diabetic Day: Setting Goals for a Child-Directed Ambulatory Program. E. Kohler. Clinical Pediatrics. 17(1):24-28; January 1978.

The techniques of management by objective were used to coordinate and evaluate the activities of a nontraditional program for the medical care and education of children with diabetes mellitus. "Diabetic Day" is an ambulatory child-directed clinic program in which health professionals work together to improve the child's ability to cope with diabetes. (AA).

126. Diabetic Youngster Aids Health Team Efforts. S. Fine. Diabetes Educator. 4(4):17-18; Winter 1978-1979.

An electronic diabetes education game has been developed by a 13-year-old child with diabetes. This article describes the game and how it can be used.

127. Education of the Child With Juvenile-Onset Diabetes Mellitus: An Example of Cost Containment. B. H. Brouhard; D. Speegle; [et al.]. Texas Medicine. 74(11):73-64; November 1978.

For this study, a structured education program included evaluation of the child's knowledge about diabetes, selection of treatment goals, instruction in attitudes, testing and feedback, enhancement of personal responsibility, and provision of continuing assistance. Two groups of children with diabetes matched for age, sex, educational level, and socioeconomic status were evaluated. Members of the first group had their initial education about diabetes elsewhere and had received no structured education. Members of the second group participated in the structured program. The findings demonstrated

that the children in the structured education program had fewer hospitalizations, resulting in lower costs. Two case studies are presented that further elaborate on the value of structured education. (AA-M).

128. Effects of Enhanced Conventional Therapy on Metabolic Control in Children With Insulin-Dependent Diabetes Mellitus. D. Daneman; L. H. Epstein; [et al.]. Diabetes Care. 5(5):472-475; September-October 1982.

A three-phase, 32-week program to improve self-regulation of adherence behavior and insulin delivery in children with diabetes was implemented. Phase one with the 20 children participants, aged 8 to 12 years, used behavior modification to improve diet, exercise, urine testing, and insulin adjustment, targeting an increased percentage of negative urines. Feedback training and parent checks were used to improve reliability. Adherence was measured with Clinitest placebos. The second phase involved a stabilization period. The third phase of insulin dose adjustment compared once- versus twice-daily injections in 10 pairs of children matched for percentage glycosylated hemoglobin (GHb). GHb, fasting plasma glucose, and lipids were measured at baseline and at the end of each study phase. There was a significant and sustained increase in negative urine tests but no change in percentage GHb or fasting blood glucose. Reliability of and adherence to urine tests were 83 percent and 76 percent, respectively. There were no significant differences between groups receiving once- or twice-daily insulin injections during phase three. Behavior modification resulted in increased reliability and improved adherence to routines associated with a reliable increase in negative urines. This did not result in changes in other control measures. (AA-M).

129. Ego Development and Self-Esteem in Diabetic Adolescents. S. T. Hauser; D. Pollets; [et al.]. Diabetes Care. 2(6):465-471; November-December 1979.

This study explored the impact of diabetes mellitus upon aspects of adolescent development. Using specific assessment techniques and interviews, ego development and self-esteem variables were followed. Clinical considerations suggest that both personality dimensions are important for the understanding of adolescents with diabetes. The sample consisted of male and female adolescents with the disease whose average age was 13. All patients completed Loevinger's sentence completion test of ego development and the Coopersmith self-esteem inventory. A sub-group of the sample was also interviewed. The ego development and self-esteem scores were contrasted with two groups of similar age adolescents who had previously completed these same tests and with a control group. The adolescents with diabetes were clearly at lower levels of ego development than the nondiabetic groups. These lower stages were not correlated with duration of illness. A second finding

was that the boys were at lower levels of ego development than the girls, regardless of age or illness duration. Self-esteem scores were associated with both illness duration and ego development. Subjects at the lowest levels of ego development also had the lowest self-esteem. Study of the interviews revealed that the patients at these lower ego development levels manifested concrete, more stereotyped, and resigned responses than those patients at the higher ego development stages. (AA-M).

130. Emotional, Behavioral, and Educational Disorders in Diabetic Children. A. Gath; M. A. Smith; J. D. Baum. Archives of Disease in Childhood. 55(5):371-375; May 1980.

This study assessed the emotional and educational status of a group of children with diabetes and considered the interaction of these measurements with diabetic control. Information was collected about 76 children with diabetes and a control group of children without the disease. Psychiatric disorder was not more common in the children with diabetes than in the controls, but children with diabetes were more backward at reading. There was a correlation between poor diabetic control and the presence of psychiatric disorder and backwardness in reading. In 39 percent of children with diabetes, there were adverse psychosocial factors in the family background, and poo diabetic control correlated with the presence of adverse psychosocial factors. In any serious attempt at achieving diabetic control in children, attention to insulin and diet must not be divorced from attention to the domestic, scholastic, and emotional problems of the child. (AA-M).

131. Emotions and Compliance in Diabetic Children. J. F. Simonds. Psychosomatics. 20(8):544-551; August 1979.

Emotional disorders in children and adolescents with diabetes can result in mismanagement of the diabetes regimen. The children and their families may fail to comply with their regimen by omitting insulin injections, falsifying urine test reports, eating indiscriminately, or not keeping appointments. The reasons for noncompliance are numerous. The author reviews the literature on medical noncompliance in patients with diabetes, compares results of studies of the effects of emotions on metabolism, and gives suggestions for improving compliance. (AA-M).

132. The Endocrine Pancreas and Juvenile Diabetes. D. M. Klachko; R. R. Anderson; [et al.]., eds. Advances in Experimental Medicine and Biology, Vol. 124. New York: Plenum Press; 1979. 205 p.

Recent findings in animal and human models concerning the physiology and pathophysiology of pancreatic hormones and their effects are surveyed, particularly the effects of insulin, glucagon, and somatostatin.

Insulin receptors, receptor disorders, and the morphological and biochemical abnormalities of capillary basement membranes are examined. Prospects for future research are discussed.

Price: $32.50.

Source: Plenum Publishing Corporation; 233 Spring Street; New York, NY 10013. (212) 620-8000.

133. Establishment of a Diabetes Youth Group. L. M. Siminerio. Diabetes Educator. 6(4):22-23; Winter 1980.

The Diabetes Youth Group was established to promote diabetes education and to encourage peer interaction among children with diabetes, ages 9 to 16. The group meets once a month for 2 hours. The group director, a nurse educator, functions only as a facilitator, assisting in organization and helping to focus on areas related to diabetes education. This group method was found to be a highly successful format for increasing knowledge about diabetes. Two case reports of children with diabetes management and related emotional problems are included.

134. Evaluating a Learning Device for Juvenile Diabetic Children. J. V. Heston; S. J. Lazar. Diabetes Care. 3(6):668-671; November-December 1980.

A study was conducted to determine whether knowledge of diabetes could be increased through use of a learning device designed for insulin-dependent children with diabetes aged 7 to 12 years. The instrument, consisting of a book and game, combines cognitive and affective elements to provide information about diabetes and to reinforce and to evaluate this knowledge in subjects. Serial exposure to the instrument resulted in a significant increase in knowledge and retention of information in 26 experimental subjects. Five subjects receiving one teaching intervention showed an initial increase in knowledge but without reinforcement demonstrated minimal retention. Six control subjects receiving no intervention showed no increase in knowledge. (AA-M).

135. Exercise, Diets and Insulin for Children With Diabetes. D. W. Guthrie. Nursing 77. 7(2):48-54; February 1977.

Information is provided for nurses who instruct children with newly diagnosed diabetes and their parents. The article covers the period of initial hospitalization when stabilization is occurring and management techniques are being taught. The role of the parent as supervisor of the child's management techniques, urine testing, insulin injection, diet, and activity are topics discussed. The need for parents to be flexible, supportive, and knowledgeable is emphasized.

136. Experiences From a Winter Camp for Teenage Diabetics. H. K. Akerblom; T. Koivukangas; J. Ilkka. Acta-Paediatrics-Scandinavia. 283(Suppl):50-52; 1980.

Experiences are described from a camp where children were shown how to handle diet and insulin in connection with strenuous, repeated exercise. Twelve children, aged 12 to 17 years, attended a 7-day winter camp. The relative decrease in the daily insulin dose vs. pre-camp dose was 11.8 ± 1.6 percent (mean ± S.E.), and the relative increase in caloric intake was 31 ± 4 percent. The control of diabetes was in most cases fair to good at the start of the camp and remained unchanged. No severe hypoglycemias occurred. Physical fitness measured via an index improved during the camp, and the campers gained self-confidence. (AA-M).

137. Familial Contexts of Ego Development and Self-Image Integration in Diabetic Adolescents: Longitudinal Studies. S. T. Hauser. In: Behavioral and Psychosocial Issues in Diabetes: Proceedings of the National Conference. B. A. Hamburg; L. F. Lipsett; [et al.]., eds. Bethesda: NIH; 1980; 65-80.

Procedures and preliminary findings of an ongoing longitudinal study to assess the impact of diabetes upon adolescent development and family dynamics are described. Adolescents with diabetes (ages 13-15) and their families are being compared with nondiabetic controls (matched for age, social class, and sex) and their families in terms of ego development, self-image processes, self-esteem levels, and family patterns. First results indicate that the adolescents who have diabetes, especially the males, are at lower levels of ego development than the control adolescents. The adolescents with diabetes also have greater impairment of self-esteem.

Price: $8.00.

Source: Superintendent of Documents; U.S. Government Printing Office; Washington, DC 20402. (202) 783-3238. Order No.: 017-045-0097-1.

138. Family Behavior: Key To Managing Juvenile Diabetes. G. Shiner. Research Resources Reporter. 5(8):1-7; August 1981.

This article reports on research about family interactions and diabetes control among children. Prior research in this area is reviewed and ongoing studies about family dynamics and diabetes at three clinical research centers are described. The current research is designed to identify family behavior patterns that will predict which children with diabetes will have poor or good control. Research instruments that provide objective data about specific family behavioral patterns are discussed. Disease management by the family

is then evaluated by correlating the behaviors with physiological measurements of diabetic control. Preliminary findings are given for two longitudinal studies. Other studies are cited which correlate diabetes control with self-concept, perceptions of the family environment, and stress.

Price: Free.

Source: Research Resources Information Center; Attn: Toni Bailey; 1776 E. Jefferson St., Rockville, MD 20852. (301) 881-4150.

139. A Family Learning Experience to Serve the Juvenile Patient With Diabetes. S. M. Koukal; E. S. Parham. Journal of the American Dietetic Association. 72(4):411-413; April 1978.

A family day program in which children with diabetes and their parents discuss and share mutual problems is described. While the children attended a day camp, parents participated in a seminar staffed by members of the health care team. Success of the program was evaluated by (1) forms filled out by adults attending the seminar and by children attending the day camp and feedback from counselors; (2) interest expressed in starting a club for children with diabetes in the area; and (3) Suchman's guidelines for evaluating the success or failure of a community program. Evaluation indicates the best methods for planning and presenting a learning experience for children with diabetes: (1) involve parents in program planning; (2) encourage the whole family's participation; (3) conduct the seminar and day camp in a relaxed environment; (4) use the team teaching or group method for educating the family; (5) use visual methods of instruction, and emphasize participation in active learning experiences. (AA-M).

140. Fostering Self-Esteem in Families With Diabetic Children. E. M. Hill; J. E. Hynes. Child Welfare. 59(9):576-582; November 1980.

A program initiated to counter the emotional and social impact on a family with a child with diabetes approached the problem from a family developmental perspective. All family members participated in activities to increase awareness of common problems. (AA-M).

141. A Grief Experience in Juvenile Diabetes. C. J. Taylor. Journal of Psychiatric Nursing and Mental Health Services. 15(1):26-29; January 1977.

A nurse describes her emotions upon hearing her son has diabetes and the stages of grief she experienced.

142. A Group Approach to the Management of Diabetes in Adolescents and Young Adults. E. Warren-Boulton; B. J. Anderson; [et al.]. Diabetes Care. 4(6):620-623; November-December 1981.

An interdisciplinary team of health professionals developed a model treatment program to improve adherence, self-management, and metabolic control for five inner city, young, black women with diabetes. Following an initial in-hospital evaluation, the staff met with the patients as a group once a month for 18 months. The approach was one of support and nonjudgment to assist group members in developing confidence and assuming responsibility for the successful management of diabetes. Discussions covered the group's educational needs, insulin requirements, and psychosocial problems of adjusting to living with a chronic disease. Analysis of clinical findings showed a significant improvement in plasma glucose, hemoglobin A_{1c}, and cholesterol levels. (AA-M).

143. Growing Up With Diabetes Mellitus. C. Young. Imprint. 28(2):40-42, 86-88, 94; April 1981.

Based on experiences in an outpatient clinic, the author identifies the initial impact of a diagnosis of diabetes mellitus upon a child and his/her parents. The emotional and psychological effects and ways in which a nurse, as teacher and counselor, can help with adjustment are reviewed. Parental reactions and the issue of giving responsibility to the child are examined. The child's anxiety about the disease and case examples to illustrate the psychological problems are described.

144. Growth and Maturation of Children With Insulin-Dependent Diabetes Mellitus. R. L. Jackson; E. Q. Holland; [et al.]. Diabetes Care 1(2):96-107; March-April 1978.

This study was conducted to verify that children with diabetes maintained on higher degrees of metabolic control do not have delayed growth and maturation. Research records, including individual growth charts, overall control ratings, and socioeconomic classification of 252 children with overt diabetes under continuous care at the University of Missouri Medical Center for 20 years were studied. Each of the children from age 3 and up to 17 years was observed at 3- to 4-month intervals. All children received two daily injections of a mixture of two parts of an intermediate to one part of regular insulin and were instructed to eat structured meals of high quality selected foods. An overall rating for diabetic control based primarily on the frequency and degree of glycosuria was made for the time period between clinic visits. The overall diabetic control rating and the size of the subgroups in higher degrees of control were: "good"--20 percent; "good to fair"--64 percent; and "fair"--16 percent. There were no differences in the growth patterns of the children in good,

good to fair, and fair control. Only 18 (8 percent) of the 252 children were considered to have delayed maturation. All of these had accelerated linear growth during the early months after attaining a higher degree of control and subsequently continued to grow at a normal rate. (AA-M).

145. Guidelines for Day Camps for Children With Diabetes (and Their Brothers and Sisters). Committee on Camps, ADA. New York, NY: American Diabetes Association; 1981. 30 p.

The Committee on Camps of the American Diabetes Association designed this loose-leaf booklet of guidelines for planning and organizing day camps for children with diabetes and their siblings. The guidelines for organizing a day camp examine: general objectives; site selection; camp costs and fees; personnel and responsibilities; forms and letters; structure; recreational activities; educational goals; outdoor skills; and transportation. A checklist of recommended standards prepared by the ADA and sample forms and announcements are given. Reasons for opening the camp to the brothers and sisters of children with diabetes are also provided.

Price: Free.

Source: American Diabetes Association, Inc.; 2 Park Avenue; New York, NY 10016. (212) 683-7444.

146. Having Fun and Being Physically Active. L. B. Travis; D. Speegle. Diabetes Care. 1(3):200-201; May-June 1978.

Physical activity for the adolescent with diabetes is encouraged. The benefits of exercise, precautions that must be taken, and adjusting food intake are discussed in question and answer format.

147. Hemoglobin A_{1c} Values in Children With Overt Diabetes Maintained in Varying Degrees of Control. R. L. Jackson; R. L. Hess; J. D. England. Diabetes Care. 2(5):391-395; September-October 1979.

The concentration of hemoglobin A_{1c} has been found to be elevated in patients with uncontrolled diabetes. HbA_{1c} levels change at a slow rate, so a single measurement is believed to reflect the overall degree of control achieved by a patient for about the previous 2 months. Using the Trivelli method, the HbA_{1c} levels were determined in 81 children with overt insulin-dependent diabetes and in 14 healthy children and young adults who served as controls. HbA_{1c} values increased progressively as diabetic control declined. There was a statistically significant correlation between the clinical control rating and HbA_{1c} levels. Although there was a positive correlation between duration of diabetes and insulin requirement per kilogram of body weight in all

groups combined, there was no significant difference when each subgroup was compared separately. (AA-M).

148. Hormone and Metabolic Profiles in Children and Adolescents with Type I Diabetes Mellitus. M. H. MacGillivray; M. L. Voorhess; [et al.]. Diabetes Care 5 (Suppl.1):38-47; May-June 1982.

Diurnal concentrations of glucose, the major regulatory hormones, and selected biochemistries were measured serially throughout a 25-hour period in 38 healthy patients with Type I diabetes (ages 8 to 25 years), 25 patients with acute ketoacidosis (ages 2 to 20 years), and 20 individuals without diabetes (ages 9 to 26 years). The dominant abnormalities in the healthy subjects with diabetes were poor glucose control, meal intolerance, and hypercortisolemia. Ketonemia due to elevated plasma beta-hydroxybutyrate concentrations without ketonuria (nitroprusside reaction) was a frequent finding in a group of subjects with poorly controlled diabetes. The dominant abnormalities in the patients with ketoacidosis were overproduction of epinephrine and cortisol. High glucagon and growth hormone concentrations were documented in about one-half of these patients. It is concluded that: (1) the hyperglycemia, meal intolerance, and abnormal ketone body metabolism observed are caused by inadequacies in insulin regimens; (2) a ketone body underutilization contributes to diabetic ketosis; (3) epinephrine and cortisol overproduction are important components of acute ketoacidosis; and (4) the complex hormone-metabolic interactions in Type I diabetes can best be explained by a multihormonal hypothesis with the primary defect being loss of beta-cell function. (AA-M).

149. How to Handle Common Infections. H. S. Traisman. Diabetes Care. 2(1):52-53; January-February 1979.

Although children and young people with diabetes do not show a higher incidence of infections than those who do not have the disease, special precautions must be taken when they become ill. Colds, sore throat, coughs, vomiting, diarrhea, skin, urinary tract infections, and dental problems are discussed.

150. Increased Prostaglandin Synthesis in Childhood Diabetes Mellitus. H. P. Chase; R. L. Williams; J. Dupont. Journal of Pediatrics. 94(2):185-189; February 1979.

Prostaglandins are synthesized from two fatty acids, linoleic and arachidonic acid, and are associated with increased platelet aggregation, as has been found in blood from patients with diabetes mellitus. In the present study, blood was obtained from 40 children with diabetes and from 20 control children for measurements of fatty acid and PGE_1, PGE_2, and PGF_{2a} levels. The production of PGE_2 and PGF_{2a} was significantly elevated in blood from the children with diabetes at all times

measured. The mean quantitative plasma linoleic acid levels were also higher in the patients. Serum glucose levels did not correlate significantly with specific fatty acid or prostaglandin values. The increased prostaglandin synthesis may be related to the vascular problems that occur in patients with diabetes. (AA-M).

151. Juvenile Diabetes and Rehabilitation Counseling. J. B. Stone; C. H. Gregg. Rehabilitation Counseling Bulletin. 24(4):283-291; March 1981.

Juvenile-onset diabetes is a serious disease process that requires care in rehabilitation planning. The severe complications likely to occur in a child with diabetes are described and include coronary artery disease, hypertension, visual impairment, renal involvement, and diabetic neuropathy. In addition, problems of psychosocial adjustment are explored. Implications for the rehabilitation counselor are also discussed in terms of employment considerations, effects of complications, genetic counseling, and cooperation with other professionals. (AA-M).

152. Juvenile Diabetes: Impact on the Child and Family. J. D. Tarnow; N. Tomlinson. Psychosomatics. 19(8):487-491; August 1978.

The work of a child psychiatrist and a social worker with a group of adolescents with diabetes is described. The conceptual framework that emerged from the experience draws on developmental and psychodynamic theory that may be applied to other chronic disease patients. The authors provide recommendations for the practical application of the model for pediatricians and describe the acceptance of the diagnosis as akin to the mourning process. (AA-M).

153. Juvenile Diabetes: Impacts on Life Stages and Systems. A. Mattsson. In: Behavioral and Psychosocial Issues in Diabetes: Proceedings of the National Conference. B. A. Hamburg; L. F. Lipsett; [et al.]., eds. Bethesda: NIH; 1980; 43-55.

An open systems model of family interrelationships is used to show the psychological impact of diabetes on young patients and their families. Developmental stages in the young child (to age six or seven) and in the adolescent are analyzed to illustrate the effects of emotional and physical stress at crucial points in the growth process. The patient's ability to cope with this stress is influenced strongly by the family's response to the chronic illness, a response that reflects overall family organization and transactional characteristics. Maladaptive family patterns (enmeshment, overprotectiveness, rejection, and conflict avoidance) may jeopardize the child's psychosocial adjustment and normal cognitive-intellectual growth. If these maladaptive patterns are longstanding, family therapy or other forms of psychiatric intervention may be required.

Price: $8.00.

Source: Superintendent of Documents; U.S. Government Printing Office; Washington, DC 20402. (202) 783-3238. Order No.: 017-045-00097-1.

154. The Juvenile Diabetic: In or Out of Control? C. Polowich; M. R. Elliott. Canadian Nurse. 73(9):20-23; 1977.

A questionnaire and group sessions were used to determine diabetes-related problems and educational needs of adolescents aged 11 to 17. Five major diabetes-related problems are identified: urine testing, carrying an emergency sugar supply, wearing identification, adhering to the diet, and explaining diabetes to friends. Suggestions are made for counseling newly diagnosed adolescents.

155. Juvenile Onset Diabetes. R. Kaye. The Journal of Practical Nursing. 30(1):18-19; January 1980.

Part of a series on diabetes, this article identifies the symptoms of insulin-dependent diabetes mellitus and reviews methods of blood glucose control in the child. The daily administration of multiple insulin injections is discussed. The importance of the role of diet in managing diabetes is also addressed.

156. Learning About Diabetes Can Be Fun. A. E. Winch. Diabetes Educator. 7(1):34-41; Spring 1981.

The author, a nurse educator, offers a number of creative ways to teach children with diabetes about what the disease is and how they should care for themselves. These techniques were developed and used at summer camps for children ages 5 to 11 and draw upon teaching-learning theory and principles of normal growth and development. Methods for explaining urine testing, food exchange groups, hyperglycemia, and the role of insulin are described. Examples of the teaching aids used in the program are included.

157. Management of Diabetes Mellitus in Children. R. G. McArthur; K. M. Tomm; M. D. Lahey. Canadian Medical Association Journal. 114(9): 783-787; 8 May 1976.

Guidelines for the short- and long-term management of the child with diabetes mellitus, particularly as it relates to clinical presentation, treatment of ketoacidosis, long-term therapy, and psychological counseling, are presented. The specific aspects of diabetes management that are unique to the child are best met by an increased understanding of the problems faced by the child and the family and an integrated approach by the physician and allied health personnel. (AA-M).

158. Management of Juvenile Diabetes Mellitus. H. S. Traisman. 3d. ed. St. Louis: Mosby; 1980. 348 p.

With proper management, the child with diabetes can enjoy normal growth and development and delay the onset of degenerative complications. Written for health care providers, this book presents a concise methodology for management of diabetes mellitus in children. Topics discussed include diagnosis and treatment, instruction of patients, and psychological aspects.

Price: $49.50.

Source: C.V. Mosby Company; 11830 Westline Industrial Drive; St. Louis, MO 63141. (314) 872-8370; (800) 325-4177.

159. Meeting the Needs of the Parents of Children With Diabetes--A Babysitter's Course. B. P. Giordano; L. L. Edwards. Diabetes Educator. 6(3):26-27; Fall 1980.

The Juvenile Diabetes Foundation (JDF) chapter in the Denver area has developed a 2-hour-long diabetes child care course that covers basic diabetes physiology, insulin action, food management, urine testing, and hypoglycemia. Responsibilities of diabetes educators and parents are delineated as part of the course presentation. Adolescents who complete the course satisfactorily have their names placed on a list of babysitters available to parents from the JDF. The JDF plans to expand the course to include day care workers, grandparents, siblings, and senior citizens who wish to supplement their income by occasionally babysitting.

160. A Multidisciplinary, Comprehensive, Ambulatory Treatment Scheme for Diabetes Mellitus in Children. Z. Laron; A. Galatzer; [et al.]. Diabetes Care. 2(4):342-348; July-August 1979.

A study was carried out on 262 children with diabetes and their parents who were treated up to 10 years on an ambulatory basis by a multidisciplinary team: a pediatric endocrinologist, a nurse, a dietitian, a psychologist, and a social worker. Comparison of the findings with those of a study performed before inception of the Counselling Center for Juvenile Diabetics revealed the following positive influences: the degree of control attained was both higher and sustained with greater regularity; the attitude of the affected child, parents, and teachers was found to be considerably improved; and both scholastic achievements and social adjustment were greater. The authors concluded that psychological stability is a basic factor in the control of diabetes, and the value of the multidisciplinary approach in the treatment of this chronic disease is indicated. (AA-M).

161. New Approaches in the Treatment of Diabetic Children: Scientific and Social Aspects. M. M. Belmonte. Beta Release. 5(3):1-4; March 1981.

The article describes recent research techniques such as radio-immunological assays. Methods that offer the prospect of improved control and treatment include automated monitoring of blood glucose levels, portable insulin delivery systems, and islet-cell and pancreas transplantation. The social aspects of diabetes are briefly discussed.

162. New Forms of Health Care Delivery for Diabetic Children--Problems in Getting the Consumers' View. V. D. MacMurray; R. G. McArthur. Canadian Journal of Public Health. 69(1):51-53; January-February 1978.

A Canadian clinic that has developed an innovative approach to evaluation and management of juveniles with diabetes has two objectives: (1) to enhance diabetic care through a team approach, and (2) to provide a juvenile-onset diabetes referral center for physicians. Emphasis is placed on ambulatory evaluation, education, and counseling. An assessment of family satisfaction with the quality of the services and relations with staff was made via a questionnaire given to the 98 families using the clinic. Based on a 55 percent response rate, it was determined that the patients' families were satisfied with the services and staff. (AA-M).

163. Nutrition and the Diabetic Child. Z. Laron; M. Karp; eds. Pediatric and Adolescent Endocrinology, Vol. 7. Basel, New York: Karger; 1979. 395 p.

These proceedings include papers, invited lectures, and excerpts of the discussions that followed at the 4th International Beilinson Symposium (1978). The book contains more than 65 papers on topics related to the role of nutrition in the treatment of children with diabetes. These topics include the impact of national and cultural variations in eating habits; nutritional and dietary aspects of the management of diabetes; the impact of psychosocial factors; teaching nutrition to children; lipids; obesity; control of diabetes; the complications of the disease; and recent research in nutrition and diabetes. Each paper includes a list of references.

Price: $109.75 plus $4.00 postage.

Source: Albert J. Phiebig, Inc.; P.O. Box 352; White Plains, NY 10602. (914) 948-0138.

164. Optimal Insulin Delivery in Adolescents With Diabetes: Impact of Intensive Treatment on Psychosocial Adjustments. M. C. Rudolf; J. Ahern; [et al.]. Diabetes Care. 5 (Suppl. 1):53-57; May-June 1982.

Seven teenagers were evaluated by standard psychosocial scales and a detailed questionnaire before and on completion of a 6-month intensive management program using home glucose monitoring and multiple injections or the insulin infusion pump. All achieved improved metabolic control with inpatient glucose values (during 24-hour monitoring) falling from 244 ± 58 to 108 ± 10 mg/dl, glycosylated hemoglobin levels falling from 11.8 ± 2.9 percent to 8.4 ± 1.7 percent, and home glucose levels averaging 121 ± 16 mg/dl. Standardized scales evaluating depression, diabetic adjustment, self-esteem, and social adjustment indicated no deterioration in psychosocial functioning. There was a statistically significant increase in locus of control scores, suggesting an improved sense of internal control of life events. The program questionnaire revealed a positive response to both the program and the control devices used. This study suggests that the positive metabolic benefits of intensive diabetic management during adolescence are not offset by adverse psychosocial effects. (AA-M).

165. Outpatient Management of the Juvenile Diabetic. C. Kennell. Pediatric Nursing. 2(6):19-20, 23; November-December 1976.

This article is based on the author's experience as a nurse practitioner at a summer camp for children with chronic diseases. Topics relevant to the daily management of juvenile diabetes are discussed, and an approach to a nursing intervention that aims at a holistic approach to working with these children and their families is described.

166. Parental Attitudes Toward Children With a Chronic Medical Disorder: Special Reference to Diabetes Mellitus. H. Pond. Diabetes Care. 2(5):425-431; September-October 1979.

The role of parents' attitudes toward a child with diabetes in the emotional development of the child is discussed. Parents may have strong emotional reactions upon learning about diabetes including hostility, guilt, and anxiety. These can, in turn, cause unusual behavior in the child. The author emphasizes the need for parents to be aware of the potential for these reactions and advocates avoidance of either overprotective or rejecting behavior. The ways that children may respond to parental emotions about diabetes are discussed, and a case report of successful treatment of an emotionally disturbed child with diabetes is presented.

167. Patient Recall of Self-Care Recommendations in Diabetes. P. Page; D. G. Verstraete; [et al.]. Diabetes Care. 4(1):96-98; January-February 1981.

Twenty-four insulin-dependent patients with diabetes (aged 2 to 21 years) were interviewed immediately after a follow-up visit to an outpatient pediatric clinic to determine which of the recorded instructions delivered by professionals were recalled by patients. The health

care team reported giving an average of seven recommendations per patient: a total of 168 items were listed by team members as important. Patients recalled an average of two recommendations, or a total of 50 items, 40 percent of which had not been recorded by team members. Recommendations concerning diet, insulin dosage and injections, urine testing, and exercise represented 80 percent of those recalled by patients and only 58 percent of those recorded by professionals. The results were interpreted to suggest that health care teams focus on fewer items at each session to ensure communication of the most appropriate recommendations for individual patients. (AA-M).

168. Peer Instruction of Home Glucose Monitoring. W. J. Warzak; T. Ayllon; H. K. Delcher. Diabetes Care. 5(1):44-46; January-February 1982.

During a 2-week summer camp for insulin-dependent children aged 9 to 15 years, a voluntary program of self-glucose monitoring using an Ames' dextrometer was offered. The primary instructors were campers who had mastered the procedure and who, with limited staff assistance, tutored naive campers. By camp's end, 96 percent of all naive campers had practiced the new glucose monitoring procedure. Procedural errors were infrequent and decreased as a function of practice. No significant differences were found in error rates as a function of either the age or sex of the user. The data suggest that self-glucose monitoring could be incorporated into the treatment regimen of many young patients and that peer instruction is an effective method of introducing the procedure to young children. (AA).

169. Performance of Technical Skills of Diabetes Management: Increased Independence After a Camp Experience. F. L. Lebovitz; G. J. Ellis; J. S. Skyler. Diabetes Care. 1(1):23-26; January-February 1978.

This study examines some educational effects of a camp experience on independent performance of tasks in the management of diabetes mellitus. One hundred and eleven children were studied with regard to insulin administration, urine glucose testing, recognition of hypoglycemic reactions, adherence to diet, and overall independence. There was a significant increase in ability to perform independent measurement of insulin dose, administration of insulin injections, and urine glucose testing. No significant differences were seen in dietary adherence or ability to recognize hypoglycemic reactions. Precamp data indicated that returning campers demonstrated greater independence in insulin administration prior to camp than did new campers. After camp, both new and returning campers showed significant increases in independent performance of dose measurement and injection. It is concluded that a camp educational experience contributes to both the knowledge and performance of self-care techniques required in the management of diabetes mellitus. (AA).

170. Personality Changes and Social Adjustment During the First Three Years of Diabetes in Children. S. Ahnsjo; K. Humble; [et al.]. Acta-Paediatrics-Scandinavia. 70(3):321-327; 1981.

Sixty-four children with diabetes and 30 carefully matched children without diabetes aged 4 to 17 years old were studied with regard to psychological and social adaptation. Four sets of psychosocial methods were used: (a) psychiatric assessment of mental state, (b) evaluation of social situation, (c) measurement of intellectual capacity, and (d) a Rorschach test. A baseline study was done within 5 months after the onset of diabetes. A follow-up study 3 years later used the same methods. There were no significant differences in mental state between those with diabetes and those without. The children with diabetes showed an increase of symptoms of aggression, however, while the children without diabetes showed a decrease in such symptoms. When summarizing mental deviations from average in the two groups, those with diabetes showed more deviations both at baseline and at follow-up, and a tendency towards higher degrees of mental activity, emotional ability, and social contact. In the Rorschach test, the children with diabetes showed a higher level of anxiety concerning their own health but there was a decrease in this variable over the 3-year period. No significant differences were found between the groups with regard to social problems, degree of mental disturbance, or intellectual capacity. It is concluded that the few observed abnormal patterns of reaction may be explained by the traumatic experience of the onset of diabetes. (AA-M).

171. The Problem of "Cheating" in the Diabetic Child and Adolescent. M. M. Belmonte; T. Gunn; M. Gonthier. Diabetes Care. 4(1):116-120; January-February 1981.

The frequency, causes, and consequences of "cheating" (diet abuse, negative urine test reports) in children and adolescents with diabetes were studied during summer camp. A philosophical approach is proposed for its understanding and management. (AA-M).

172. Psychiatric Status of Diabetic Youth in Good and Poor Control. J. F. Simonds. International Journal of Psychiatry in Medicine. 7(2):133-151; 1976.

Two groups--identified as "good control" and "poor control"--of 40 youths between 6 and 18 years of age and matched for age, sex, and duration of diabetes were interviewed by a child psychiatrist who was not aware of the status of their control. After each psychiatric interview, interpersonal conflicts and noninterpersonal conflicts were determined. At the same time, mothers completed a children's behavioral-emotional symptom checklist. Six psychiatric diagnoses were made, four in the poor control group and two in the good control group. A significantly greater number of patients in poor control had

interpersonal conflicts compared with patients in good control. Mothers of patients in poor control reported significantly more behavior problems than mothers of patients in good control. Five percent of the patients in good control and 15 percent of the patients in poor control stated that they experienced a "different" self-image because of their diabetes. The frequency of psychiatric diagnoses for the entire group was not higher than literature reports of serious psychiatric disorders in normal population studies. (AA-M).

173. Psychological Aspects of Balance of Diabetes in Juveniles. Z. Laron, ed. Pediatric and Adolescent Endocrinology, Vol. 3. New York: Karger; 1977. 119 p.

At a 1975 symposium, representatives from 19 countries addressed the psychological adjustment of children to diabetes, the relation among diabetes control and family life, home care and sociological aspects in treating juveniles who have diabetes, and educational programs to aid young people with diabetes and their families. Presentation topics included personality, self-concept, adolescent development, child rearing, child-parent attitudes toward diabetes, diabetes complications, insulin therapy, and diet and nutrition. The need to provide education, family counseling, and preventive psychiatry from the time of diagnosis was emphasized.

Price: $32.00.

Source: Albert J. Phiebig, Inc.; P.O. Box 352; White Plains, NY 10602. (914) 948-0138.

174. Psychological Factors in Diabetes Mellitus: A Review of the Literature With Emphasis on Adolescence. D. E. Greydanus; A. D. Hofmann. American Journal of Diseases of Children. 133(10):1061-1066; October 1979.

In this literature review, emphasis is given to the major role that emotional components play in frequent ketoacidotic or hypoglycemic episodes in teenagers. The integration of adolescent developmental issues into physician treatment plans is emphasized. (AA-M).

175. Psychological Implications With the Diabetic Child and Family. J. Segal. The Diabetes Educator. 4(4):20-25; Winter 1978-1979.

Diabetes has a great impact on the psychological development of the child as well as the psyche of the entire family unit. The diabetes teaching team, comprised of a physician, nurse, dietitian, and social worker, can play an important role in helping family members to cope with their emotional reactions and lead the way to competent management of the child's diabetes. (AA-M).

176. The Psychophysiologic Aspects of Stress in Juvenile Diabetes Mellitus. J. D. Tarnow; S. W. Silverman. International Journal of Psychiatry in Medicine. 11(1):25-44; 1981.

The authors review the literature and summarize viewpoints regarding the role of emotional factors in diabetes mellitus. They conclude that psychological factors can influence the physiology of the disease. They synthesize the findings of recent metabolic, endocrinologic, and stress research relevant to juvenile-onset diabetes into a psychophysiologic model. Therapeutic and research implications of the model are identified. (AA-M).

177. Psychosocial Adjustment of Latency-Aged Diabetics: Determinants and Relationship to Control. M. J. Grey; M. Genel; W. V. Tamborlane. Pediatrics. 65(1):69-73; 1980.

The relationship of psychosocial adjustment, family functioning, self-esteem, and diabetic control was studied in 20 latency aged children with diabetes and their parents. Moderate to severe adjustment problems were found in 55 percent of the patients. Child self-esteem, parental self-esteem, and family functioning were all significantly greater in the group of children considered to be well adjusted as compared to the maladjusted group. The data suggest that psychosocial adjustment problems frequently occur in latency aged children with diabetes, are associated with poorer chemical control, and require a family centered approach to intervention and management. (AA-M/by the National Clearinghouse/Mental Health).

178. Psychosocial Factors in Juvenile Diabetes: A Review. S. B. Johnson. Journal of Behavioral Medicine. 3(1):95-116; March 1980.

Studies assessing (1) the influence of psychosocial factors on the onset of insulin-dependent diabetes, (2) the influence of psychosocial factors on the course of this disease, and (3) the influence of diabetes on the psychosocial development of the child are reviewed. Directions for future research are suggested. (AA-M).

179. 'Psychosomatic' Diabetic Children and Their Families. J. Segal. Rockville, MD: National Institute of Mental Health; 1977. 9 p.

A research team at a child guidance clinic studied the effect of family conflict and interactions on a group of children with a pattern of frequent, difficult-to-manage episodes of ketoacidosis that appeared to be emotionally triggered. Stress reactions of the children and their parents as measured by levels of free fatty acids (FFA) in the blood were correlated with clinical assessments of videotaped family transactions. Two other groups of children with diabetes, one with symptoms of behavior disorders and another with no psychological difficulties, served as controls. Findings showed that FFA levels in the

children with psychosomatic symptoms rose dramatically during family conflict and remained elevated or continued to rise after the initial stress. It was also found that their families were often overprotective, rigid, and unable to resolve conflicts.

Price: Single copy free.

Source: Public Inquiries; National Institute of Mental Health; Room 15C17; 5600 Fishers Lane; Rockville, MD 20857. (301) 443-4515.

180. The Relationship Between Psychological Factors and Blood Glucose Regulation in Insulin-Dependent Diabetic Adolescents. J. Simonds; D. Goldstein; [et al.]. Diabetes Care. 4(6):610-615; November-December 1981.

Fifty-two insulin-dependent, white, rural, middle-class adolescents who had diabetes 5 or more years participated in a project comparing psychological and personality variables to the degree of altered blood glucose regulation as measured by hemoglobin A_{1c} (HbA_{1c}) levels. An HbA_{1c} level of 9.5 percent was arbitrarily chosen as a cutoff score to divide subjects into two groups: those having "adequate" (N = 25) and those having "inadequate" (N=27) blood glucose regulation. There were no significant differences between high and low HbA_{1c} groups for all psychological variables tested, i.e., anxiety, locus of control, self-concept, and various personality traits measured by the High School Personality Questionnaire. Female subjects scored significantly higher on the anxiety scale and had significantly higher HbA_{1c} values and weight percentiles compared with male subjects. Six self-report questionnaires dealing with various aspects of diabetes care and adjustment were completed by mothers and five similar questionnaires were completed by the adolescents. There were no significant differences in the mean scores of the 11 questionnaires between the high and low HbA_{1c} groups. Girls scored significantly higher than boys in self-care and on individual items pertaining to dysphoric feelings about diabetes. The findings may have resulted from the homogeneity of the sample, but underlying metabolic and genetic factors need to be considered in differentiating subjects according to the level of blood glucose regulation. (AA).

181. Research on Diabetes Management and the Family: A Critique. B. N. Anderson; W. F. Auslander. Diabetes Care. 3(6):696-702; November-December 1980.

Research efforts are shifting from family influences on diabetes management to the broader family milieu. Methodological problems characterizing research in the latter area include inadequate assessment of family functioning, unreliable indexes of metabolic control, and insensitivity to differences in age and disease variables. Additional study of diabetes management must consider the role of the

father and siblings in treatment, the impact of the child with diabetes on family functioning, and sources of both stress and support outside the family that affect adaptation to diabetes. (AA-M).

182. Role of the Family in Managing Young Diabetics. J. O. Benoliel. Diabetes Educator. 3(2):5-8; Summer 1977.

The impact of the responsibility of juvenile-onset diabetes on the family as a social and cultural system with limited resources and capacities to cope with change is discussed. Examination of some commonly reported problems during the critical months after diagnosis indicated a need for assisting families during this transitional period. (AA-M).

183. School Visits: An Extension of the Diabetes Education Program for Children. G. Robbins. Diabetes Educator. 7(2):30-33, 39; Summer 1981.

A critical element in a child's successful re-adjustment to school after diagnosis of diabetes is practical knowledge about the disease among his or her teachers and peers. The author provides some tips about how diabetes educators can help in providing school personnel with the requisite diabetes information. A model presentation for introducing the concept and treatment of diabetes to a child's classmates is included.

184. Self-Esteem and Depression in Adolescent Diabetic Girls. E. Sullivan. Diabetes Care. 1(1):18-22; January-February 1978.

This investigation examined self-esteem and depression in adolescent girls with diabetes. One hundred girls without diabetes, aged 12 to 16, and 105 girls with diabetes, aged 12 to 16, were administered the Rosenberg Self-Esteem Scale and the Beck Depression Inventory. Results indicated no significant difference between girls with and without diabetes in self-esteem scores. Girls with diabetes did show significantly more depression than girls without the disease. However, close examination of overall results revealed that the two groups of girls were very similar. Results were interpreted to mean that girls with diabetes were more aware of their physiologic status. The importance of integrating developmental issues into treatment plans for diabetes is emphasized. (AA-M).

185. Service and Education for the Insulin-Dependent Child. W. Hoffman; P. O'Neill; [et al.]. Diabetes Care. 1(5):285-288; September-October 1978.

A pilot program of service and education was designed to actively involve the inner-city, insulin-dependent child in diabetes management.

A telephone service for questions and advice, managed by a pediatric nurse specialist, was responsible for a significant reduction in hospital admissions. The project was enthusiastically received and utilized by inner-city residents and resulted in an increased referral rate from the entire metropolitan area. (AA).

186. The Short-Term Effects of Feedback on Accuracy of Urine Glucose Determinations in Insulin Dependent Diabetic Children. L. H. Epstein; J. Figueroa; [et al.]. Behavior Therapy. 12(4):560-564; 1981.

Self-monitoring of urine glucose concentrations is a basic component of self-regulation of serum glucose in insulin-dependent diabetes. However, previous research has shown that patient determinations of glucose concentrations are often inaccurate. This study assessed the effects of feedback training versus extended practice on accuracy of urine testing in a sample of youngsters selected for inaccurate testing. Results showed a significant decrease in error rate in subjects trained with feedback as compared to those in the extended practice control group. (AA).

187. Socio-Psychological Factors and Metabolic Controls in Juvenile Diabetes. J. Ludvigsson. Acta Paediatrica Scandinavica. 66(4):431-437; July 1977.

The influence of exogenous and environmental factors on metabolic control was studied in 58 insulin-treated juveniles with diabetes, 6 to 17 years of age. The social situation as well as knowledge about the attitudes towards diabetes among the patients and their parents were estimated by interviews, questionnaires, and special tests. The quality of the diet, exercise, and insulin treatment was assessed. An index of diabetic control was calculated on the basis of the patients' daily urinalysis made at home. Multiple regression analysis and a special statistical "instrumental" variable technique were used in an effort to analyze the correlations between all variables. The results emphasize the importance of assisting young patients and their families in their socio-psychological adaptation to the strains of diabetic therapy. (AA-M).

188. Stress and Sugar Control in Children With Insulin-Dependent Diabetes Mellitus. H. P. Chase; G. G. Jackson. Journal of Pediatrics. 98(6):1011-1013; June 1981.

Age-appropriate questionnaires developed by Coddington (1972) were used to identify and quantify changes and stresses in the lives of 84 children and adolescents with insulin-dependent diabetes mellitus in the age groups 6 to 11, 12 to 14, and 15 to 18 years. "Stress scores" were correlated with the measurements of the children's glucose control. The biochemical and clinical measures were obtained within

the same 3-month period. The study revealed a relationship between common stress factors and glucose control as measured by HbA_{1c} and fasting serum glucose concentrations, respectively. Stressful events, in addition to insulin dosage, exercise, and diet, were shown to influence blood glucose regulation.

189. To Learn, To Teach, To Grow. L. Marcuz. Diabetes Educator. 6(2):16-18; Summer 1980.

A teaching plan for individualized instruction of newly diagnosed children with diabetes covers the initial interview, the optimal setting, adaptations that may be required in consideration of the maturity of the patient, the role of the parents, follow-up, and teaching aids.

190. What You Should Know About Juvenile Diabetes: The "Forever" Disease. L. B. Salans; L. F. Lipsett. Pharmacy Times. 45:38,40-42; January 1979.

Written in clear language for the layman and professional alike, this article describes the symptoms and prevalence of insulin-dependent diabetes and the lifetime regimen of self-care it demands. Particular attention is given to the stresses created in children and their families by both the disease and the necessary discipline. Important new research is also described, including the possible role of genetic and viral factors in the onset of diabetes; identification of an abnormal component in the blood (Hemoglobin A_{1c}) which, when measured, gives an accurate picture of metabolic control; the "artificial pancreas"; and the possibility of islet cell transplantation.

191. Amy--An Adolescent with Diabetes (Slide-tape). L. Parker; G. Gunter-Hunt. Ann Arbor: University of Michigan Medical Center; 1980. 80 slides; color; 2 x 2 in. Accompanied by: 1 cassette; 15 min; and print materials.

Insufficient knowledge of diabetes, lack of age-appropriate independence, noncompliance, and family conflicts are problems associated with diabetes in an adolescent. This program presents an interdisciplinary team approach which emphasizes self-care and responsibility and demonstrates how to assess the patient and family and help them live with diabetes in a positive, less stressful environment. (UM).

Evaluation: Excellent or Very Good. Michigan Diabetes Research and Training Center. 1983.

Price: Sale: $100.00; Loan: $30.00/week.

Source: University of Michigan Medical Center, Media Library; R4440 Kresge I; Box 56; Ann Arbor, MI 48109. (313) 763-2074.

192. Childhood Diabetes (Audiorecording). W. B. Weil; R. A. Guthrie. (Pediatrics Series, Vol. 22, No. 8.) Glendale, CA: Audio-Digest; 1976. 1 cassette.

Insulin dosages and diet regimens are discussed in relation to changing conditions such as initial and subsequent requirements after ketoacidosis. A concluding question-and-answer section covers general aspects of childhood diabetes management, including blood glucose levels, urine tests, emotional fluctuations, education and reinforcement of the patient, lipids in the diet, and hypoglycemia. (DA-M).

Price: $8.55.

Source: Audio-Digest Foundation; 1577 E. Chevy Chase Drive; Glendale, CA 91206. (213) 245-8505.

193. Diabetes in Children (Audiorecording). D. S. Alexander. Medifacts Series, Vol 8, No 6, Sides A and B. London, Ontario: College of Family Physicians of Canada; 1978. 1 cassette; 30 min.

This program discusses the following topics in a question-and-answer format: the differences between insulin and noninsulin-dependent diabetes; the need for hospital admission and the emergency management of the child with diabetes; the dietitian's approach; the use of alcohol by the adolescent with diabetes; morbidity and life-expectancy of the child; and the need for the physician to modify diet and insulin therapy to accommodate the child's growth. (UM-M).

Price: $2.50.

Source: Medifacts; 471 Richmond Road; Ottawa, Ontario K2A 0G3. (613) 728-4655.

194. Diabetes Mellitus III: Diabetes in Children (Videorecording). [anon.]. Massillon, OH: Medfact; 1980. 1 cassette; sd; color; 3/4 or 1/2 in; 6 min. Also available as filmstrip; slidetape; in Audiscan and LaBelle cartridges.

This program presents scenes of physical activities at a camp for children with diabetes. The relationship between high levels of activity and food intake is illustrated. The importance of educating children about the role of exercise in self-care is emphasized. (UM-M).

Price: Filmstrip including Audiscan and LaBelle cartridges: $145.00; Slides: $150.00; and Video formats: $160.00.

Source: Medfact, Incorporated; 1112 Andrew Avenue, N.E.; P.O. Box 418; Massillon, OH 44646. (216) 837-9251.

195. Diabetes Mellitus: Questions and Answers (Audiorecording). P. F. Wehrle. (Pediatrics Series, Vol. 24, No. 13, Sides A and B.) Glendale, CA: Audio Digest Foundation; 1978. 1 cassette; 17 min.

This program discusses, in question-and-answer format, diagnosis and treatment of diabetes mellitus in children and infants of mothers who also have the disease. Topics covered are: Dextrostix screening for infants of mothers with diabetes, plasma insulin studies in relation to the glucose tolerance test, and the use of saline solution and Ringer's lactate in treatment of the ketosis-prone child. Special aspects of the management of diabetes discussed include the pregnant teenager, use of split versus single insulin doses in juveniles, criteria for diagnosing infants of mothers with the disease, and the timing of snacks in the diet of juveniles. (UM-M).

Price: $8.55.

Source: Audio-Digest Foundation; 1577 E. Chevy Chase Drive; Glendale, CA 91206. (213) 240-7500.

196. Diabetes Mellitus: Recent Advances in Etiology and Treatment (Audiorecording). M. Cornblath. (Pediatrics Series, Vol. 24, No. 13, Side A.) Glendale, CA: Audio Digest Foundation; 1978. 1 cassette; 20 min.

The etiologies of juvenile-onset diabetes, the association between mumps epidemics and the onset of juvenile diabetes, and the evidence relating autoimmunity or auto-aggression to insulin-dependent diabetes are described. The program also discusses the roles of glucagon, somatostatin, and insulin resistance; management of diabetic comas; complicating neuropathies; treatment concepts not considered valuable; and future aspects of prevention and treatment. (UM-M).

Price: $8.55.

Source: Audio-Digest Foundation; 1577 E. Chevy Chase Drive; Glendale, CA 91206. (213) 240-7500.

197. Diabetic Ketoacidosis: Management in Children (Slide-Tape). M. L. Spencer; L. R. Parker. Ann Arbor, MI: University of Michigan Medical Center; 1981. 80 slides; color; 2 x 2 in. Accompanied by: 1 cassette; 27 min; and print materials.

This program describes the incidence, pathophysiology, diagnosis, and treatment of diabetic ketoacidosis in children. Signs and symptoms are discussed, and both the objectives and hazards of treatment are examined. Precipitating factors are outlined and suggestions for prevention are emphasized. A case study is used to illustrate principles of management. (UM).

Evaluation: Excellent or Very Good. Michigan Diabetes Research and Training Center. 1983.

Price: Sale: $75.00; Loan: $30.00/week.

Source: Media Library; University of Michigan Medical Center; R4440 Kresge I, Box 56; Ann Arbor, MI 48109. (313) 763-2074.

198. Hypoglycemia (Slide-Cassette). E. S. Lightner; M. S. Kappy. Tucson, AZ: University of Arizona; 1976. 114 slides; color; 2 x 2 in.; audiocassette: 38 min.

This program describes the factors determining blood glucose concentration and explains how hypoglycemia may result from a disturbance of these factors. A diagnostic plan for the pediatric patient with hypoglycemia is presented. (UM).

Evaluation: Recommended. Association of American Medical Colleges. 1980.

Price: $180.00.

Source: University of Arizona; Biomedical Communication; Health Sciences Center; Tucson, AZ 85724. (602) 626-7343.

199. Juvenile Diabetes (Audiorecording). S. D. Frazier; L. B. Travis. (Pediatrics Series. Vol 26, No 16, Side A.) Glendale, CA: Audio-Digest Foundation; 1980. 1 cassette; 60 min; print material.

This program contains two presentations dealing with diabetes. The first, "Juvenile Diabetes," classifies diabetes as Type I or insulin-dependent diabetes, Type II or noninsulin-dependent diabetes, transient or infancy diabetes, and diabetes secondary to some disorder. The etiology, diagnosis, and genetic and viral means of developing insulin-dependent diabetes are discussed. An overview of ketoacidosis with a discussion of controversies in treatment and the aims and methods of long-term management of insulin-dependent diabetes are reviewed. The second presentation, "Comprehensive Management of Diabetic Ketoacidosis," enumerates and describes the complications and etiology of the condition. The pathogenesis and the mechanisms of hyperglycemia are discussed. The program concludes with a discussion of studies about insulin and fluid replacement therapy related to hyperglycemia. (UM-M).

Price: $8.55.

Source: Audio-Digest Foundation; 1577 East Chevy Chase Drive; Glendale, CA 91206. (213) 245-8505.

200. Juvenile Diabetes (Audiorecording). P. White. (The Health Professional's Role in Diabetes Series, No. 6.) Hamilton, IL: Drug Intelligence Publications; [n.d.]. 1 cassette; 25 min. Accompanied by: print materials.

Diabetes is discussed as an inherited disorder. In juveniles who develop diabetes, it has been found that 75 percent of all blood relatives also have diabetes. The inheritance pattern is complex, and simple dominance or recessiveness is ruled out. Also discussed are the six stages of the disease, the complications, and the effect on the developing personality. (UM-M).

Price: $50.00/series.

201. Listen to the Kid--Adolescents Talk About Diabetes (Videorecording). G. Gunter-Hunt. Ann Arbor, MI: University of Michigan Medical Center; 1982. 15½ min; color. Program guide with abstract, objectives, suggested format for sessions, and references.

Designed for the diabetes team, this program demonstrates the special psychosocial problems faced by the adolescent with insulin-dependent

diabetes. It is also designed to be used as a patient and family educational program. The format is a series of interviews with teenage patients who talk about the effect diabetes has on their lives. (UM).

Evaluation: Excellent or Very Good. Michigan Diabetes Research and Training Center. 1983.

Price: Sale: $150.00; Loan: $30.00/week.

Source: Media Library; University of Michigan Medical Center; R4440 Kresge I, Box 56; Ann Arbor, MI 48109. (313) 763-2074. Order No.: 1158.

202. Living With Chronic Illness (Videorecording). [anon.]. (Feelings Series, No. 7.) Columbia, SC: South Carolina Education Television. 1979. 1 cassette; 29 min.; sd.; color; 3/4 in.

Interviews are conducted with three 12-year-old children: one with diabetes, one with hemophilia, and one with rheumatoid arthritis. The children are asked questions regarding the effects of the disease on their personal lives, the effects of the illnesses on their families, their feelings about their doctors, and advice they would offer to others. The children then comment on two dramatizations of physician-patient and physician-parent interactions. (UM).

Price: Sale: $200.00; Loan: $55.00.

Source: Public Television Library; 475 L'Enfant Plaza, S.W.; Washington, DC 20024. (202) 488-5000.

203. Management of Diabetes Mellitus in Children and Adolescents (Audiorecording). A. L. Rosenbloom. (Pediatrics Series, Vol. 22, No. 23, Side A.) Glendale, CA: Audio-Digest Foundation; 1976. 1 cassette; 30 min.

Some goals for a child's long-term self-management of diabetes are presented, such as healthy emotional and physical development and active participation of the child. The elements of self-management are described, including urine testing, diet, and insulin administration. Overtreatment with insulin is cited as the most common error in management, and instructions for reducing the insulin dosage when indicated are provided. The psychological problems commonly seen in diabetes management are also explained. (DA-M).

Price: $8.55.

Source: Audio-Digest Foundation; 1577 E. Chevy Chase Drive; Glendale, CA 91206. (213) 240-7500.

204. Nutritional Aspects of Counseling With Insulin-Dependent Diabetes Mellitus (Audiorecording). F. Thorp; P. Pierce. Chicago: American Dietetic Association; 1980. 1 cassette; 90 min. Accompanied by: study guide.

This program discusses the treatment of diabetes in children and explains the rationale for nutrition therapy for insulin-dependent diabetes. Methods of calculating meal plans are presented. Nutrition counseling and the psychological effects of diabetes on children are described. The importance of nutrition education is emphasized. (UM-M).

Price: $18.00 Institutions and nonmembers; $13.00 American Diabetic Association members.

Source: American Dietetic Association; 430 N. Michigan Avenue; Chicago, IL 60611. (800) 621-6469; (312) 280-5036.

205. Psychological Factors in Diabetes Mellitus (Audiorecording). D. M. Barnett. (The Health Professional's Role in Diabetes Mellitus Series, No. 6.) Milwaukee: University of Wisconsin; [n.d.]. 1 cassette; 20 min. Accompanied by: print materials.

The presentation reviews the psychological effects of diabetes on several age groups. For adolescents, peer pressures to conform to group norms make diet and insulin regimens difficult to follow. In late adolescence, career choices, leaving home, and dating pose important problems. For adults, concerns center around possible losses related to the disease and the degree of complication already present that can lead to depression. (UM-M).

Price: $50.00/series.

Source: Drug Intelligence Publications; 1241 Broadway; Hamilton, IL 62341. (217) 847-2504.

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